ESG-CV Client File Document Checklist

Instructions: After the entrance conference, the monitor will contact you with the HMIS ID numbers for the client files that have been selected for monitoring. Subrecipients will then need to notify the sub-subrecipients serving that client and ask them to send them the client files for the entire household with no Personally Identifying Information (PII). Subrecipients are responsible for uploading client files to the HCD Monitoring SharePoint site and MUST ensure no PII is visible. Subrecipients have 7 business days after notification from monitor to upload client files to the HCD Monitoring SharePoint site. Please make sure to include the HMIS ID number when saving/uploading files. Per component, the monitor will review between 10 - 30 client files.

DOCUMENTS REQUIRED BY ACTIVITY						
			Homelessness Prevention		Rapid Re-Housing	
DOCUMENT	Street Outreach	Emergency Shelter	Rental Assistance	Housing Relocation and Stabilization Services	Rental Assistance	Housing Relocation and Stabilization Services
Documentation of homeless status	X	X			X	X
Documentation of at-risk of homelessness status			X	X		
Income Evaluation (*for RRH this is only required at re-evaluation, not at initial evaluation)			X	X	X*	X*
Income Documentation (*for RRH this is only required at re-evaluation, not at initial evaluation)			X	X	X*	X*
Services and assistance provided to participant	X	X	X	X	X	X
Housing Stability Plan			X	X	X	X
Rental Assistance Agreement			X		X	
Rent Reasonableness Certification			X		X	
Minimum Habitability Standards or Housing Quality Standards Inspection			X		X	
Evidence household received Lead-Based Paint Disclosures (for units built before Jan 1, 1978 and households with children under age 6)			X		X	
Evidence household received Protect Your Family from Lead in Your Home pamphlet			X		X	

ESG-CV Client File Document Checklist

Instructions: After the entrance conference, the monitor will contact you with the HMIS ID numbers for the client files that have been selected for monitoring. Subrecipients will then need to notify the sub-subrecipients serving that client and ask them to send them the client files for the entire household with no Personally Identifying Information (PII). Subrecipients are responsible for uploading client files to the HCD Monitoring SharePoint site and MUST ensure no PII is visible. Subrecipients have 7 business days after notification from monitor to upload client files to the HCD Monitoring SharePoint site. Please make sure to include the HMIS ID number when saving/uploading files. Per component, the monitor will review between 10 - 30 client files.

DOCUMENTS REQUIRED BY ACTIVITY						
			Homelessness Prevention		Rapid Re-Housing	
DOCUMENT	Street Outreach	Emergency Shelter	Rental Assistance	Housing Relocation and Stabilization Services	Rental Assistance	Housing Relocation and Stabilization Services
Lead-Based Paint Visual Assessment (for households with children under age 6)			X		X	
Lease			X		X	
VAWA Lease Addendum			X		X	
VAWA Notice of Occupancy Rights (HUD 5380)			X		X	
VAWA Victim Self-Certification Form (5382) (if applicable)			X		X	
VAWA Emergency Transfer Request (HUD 5383) (if applicable)			X		X	
Notification of Termination of ESG Services (if applicable)			X	X	X	X
Terminiation of Assistance Appeal (if applicable)			X	X	X	X

Central Sierra HOME SAFE

Right Side Checklist:

☐Checklist

☐Financial Assistance

☐Assessment Tool Packet (CES INTAKE)

☐Client Eligibility and Fiscal Expenditures Report (Moved to Left side)

☐SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

☐Staff Certification of Housing Status

☐AT-RISK OF HOMELESSNESS CERTIFICATION

☐THIRD PARTY WRITTEN HOMELESS CERTIFICATION

☐Landlord & Property Management Form

☐ESG RENTAL ASSISTANCE AGREEMENT(5pgs)

☐VAWA Lease Addendum(2 PGS)

☐W9

☐Fair Market Rent(Assessment tool)

☐Rent Reasonableness and FMR Certification

☐Utility Allowance (Found on COC Website)

☐Participant Obligations and Responsibilities

☐Landlord/ Tenant Relations

☐2022 Income limits

☐Income Verification

☐SELF-DECLARATION OF INCOME

☐VERIFICATION OF INCOME

☐Client Right to Confidentiality

☐Acknowledgement of Documentation

☐Consent to Exchange of Information(ROI)

☐Consent to Submit Online Data (HMIS ROI)

☐Client Revocation of Consent to release Information for Data Sharing

☐HMIS Program Adult Entry

☐HMIS INCOME AND SPECIAL NEEDS DATA COLLECTION FORM

☐HMIS PROJECT EXIT FORM

☐ ESG HOUSING HABITABILITY STANDARDS INSPECTION CHECKLIST FOR RAPID RE-HOUSING AND PREVENTION (2pgs)

☐Inspection Checklist HUD-52580 (8pgs)

☐Lead Screening Worksheet (Stop Here IF NO LEAD)

Central Sierra HOME SAFE

Rapid Re-Housing

Financial Assistance

Phone/ Message Phone: _____ Referred By: _____

Head of Household: _____

Rental Assistance

Proposed Address: _____

Apt.# _____City:_____ Zip:_____

Amount of 1-Month Rent: $ _____

Security Deposit: $ _____

Back Rent Owed: $ _____

Amount Requested: $ _____

Make Check Payable To:_____

Landlord Name: _____

Landlord/ Lender Mailing Address:

_____

Phone: _____ _____

Utility Assistance

Company: _____

Company Phone #: _____

Amount of Deposit: $ _____

Amount of Arrears: $_____

FOR CSHS USE ONLY

CASE FILE #

Date Rec'd Reviewed

Complete Documentation Attached?

○ Yes ◉ NO

Unit Verified?

○ YES ◉ NO

Lead Base Paint inspection Complete?

○ YES ◉ NO

Spoke To:

Disposition:

Approved ☐ Denied ☐

Amount

PO # :

**********CSHS USE ONLY**********

Certification

The CSHS declares and certifies each of the following statements to be true and correct:

1. The household has a documented income source at present, which can reasonably be expected to cover future housing cost.
2. This Household is homeless, and lives in Central Sierra Home Safe Service area and will reside in service area.
3. All information on this application is true and correct to the best of my knowledge.

CSHS Authorized Representative:_____ Signature: _____

Central Sierra HOME SAFE
Rapid Re-Housing

Client Eligibility Tracking and Fiscal Expenditures Report

Client ID # _____

# of Family Members		Maximum Income	

Income (from Monthly Budget Plan)						
Year	Family Members w/ income	Wages & Salaries	Public Assistance	Other income	Total income	% of Median INCOME

Case Worker Certifying Above Information and Date			
Homeless Prevention		Rapid Re-Housing	

Assessment Tool Packet

(CES Place Holder)

SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. **The entire form must be completed.**

ESG Applicant Name:

☐ Individual without dependent children (complete one form for each adult household member)
☐ Household with dependent children (complete one form for each adult household member)
Number of persons in the household: _____

Self-Certification

ESG applicant check only one:

☐ I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

☐ I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

☐ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

I certify that I have insufficient financial resources and support networks; *e.g.,* family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Due Diligence

I understand that third-party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third party verification:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ESG Staff Signature: _____ Date: _____

STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

This document is required for ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. **Complete EITHER Option 1 OR Option 2.**

ESG Applicant Name:

☐ Individual without dependent children (complete one form for each adult household member)
☐ Household with dependent children (complete one form for each adult household member)
Number of persons in the household: _____

Option 1: Third Party Oral Verification

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative).

Verification of homelessness was provided:
□ Over the phone □In person

The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party documentation:

_____
_____
_____
_____
_____
_____
_____

Option 2: Staff Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance:

_____
_____
_____

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:

ESG Staff Certification	
ESG Staff Printed Name:	ESG Staff Signature:
Date:	ESG Staff Title:

AT-RISK OF HOMELESSNESS CERTIFICATION

This is to certify that the named individual or household listed below is currently at-risk for homelessness based on the information provided below and signature indicating their current housing status. If the applicant is being verified as Category 2 or Category 4 homeless, use the Verification of Homelessness for Prevention instead.

THIRD-PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS, [(B) and (C) below], MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT-RISK STATUS.

ESG-CV Applicant Name:
Address from which applicant is being evicted:
☐ Individual without dependent children ☐ Household with dependent children Number of persons in the household: _____
Living Situation and Risk Factors
The person/household named above is currently living in housing from which he/she/they is/are being evicted. ESG-CV assistance provided will not overlap with other federal funding sources. The individual or family: 1. Has income below 50 percent of median income for the geographic area (see income documentation form); **AND** 2. Lacks sufficient resources to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition. Evidence of the second eligibility criterion (#2 above) for this applicant is: ☐ Source documents *(e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears)*. ☐ To the extent that source documents are unobtainable, a written statement by the relevant third-party (*e.g., former employer, public administrator, relative)* or written certification by the intake staff of the oral verification by the relevant third-party that the applicant meets one or both of the criteria of the definition of ‘‘at-risk of homelessness.’’ **OR** ☐ If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence. The person(s) listed above meet one or more of the following risk factors: ☐ Has moved frequently because of economic reasons; ☐ Is living in the home of another because of economic hardship; ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application; ☐ Lives in a hotel or motel; “and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations;’’ ☐ Lives in severely overcrowded housing (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.);

☐ Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution);
☐ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Evidence of risk factors for this applicant is:

☐ Source documents *(e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears);*
☐ To the extent that source documents are unobtainable, a written statement by the relevant third-party (*e.g., former employer, public administrator, relative)* or written certification by the intake staff of the oral verification by the relevant third-party.
OR
☐ If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Verifying Agency/Person I certify that I have provided verification as indicated above that the ESG-CV applicant meets eligibility criteria and/or risk factors for being "at-risk of homelessness" as defined by HUD.	
Printed Name:	Signature:
Date:	Title:
Organization:	Address:

THIRD PARTY WRITTEN HOMELESS CERTIFICATION

If documentation on agency stationery is not available, this document may be used by housing and service providers (such as emergency shelters, institutional care facilities, etc. to document the housing status of a homeless applicant for DCA ESG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form.
Complete EITHER Option 1 OR Option 2.

ESG Applicant Name:

☐ Individual without dependent children
☐ Household with dependent children
Number of persons in the household: _____

Option 1: Documentation of Stay at a Facility/Program

Verification of Stay:
I certify that the above named individual(s) resided at our facility as follows:

Entry Date:_____ Exit Date: _____ or □ Currently staying at facility/program

Facility or Program Type:
This facility or homeless service program is classified as one of the following:
☐ Emergency shelter
☐ Transitional Housing
☐ Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)
☐ Other (describe): _____

Certifying emergency shelters must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Option 2: Documentation of Unsheltered Living Situation

I certify that the above named individual(s) is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g. a car, park, abandoned building, bus station, airport, or campground).

Description of current living situation: _____

The certifying agency must be recognized by the local (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Verifying Agency/Person
I certify that the information documented above is true and accurate.

Printed Name:	Signature:
Date:	Title:
Organization:	Address:
Phone:	Email Address:

Central Sierra HOME SAFE
Rapid Re-Housing

Part 1: Landlord & Property Management Rental Assistance Agreement
(TO BE COMPLETED BY THE LANDLORD/ MANAGER)

I AGREE TO RENT TO:					
AT:					
FROM		TO			
Monthly rent:		Deposit:		Total Move In Cost:	
TOTAL IN HOUSEHOLD					
PREVENTION ONLY					
Eviction Notice Given?		YES		NO	
Months Past DUE		Amount Past DUE			

Rent payment due date: _____ Grace Period: _____ Late Fee: _____

(Must match terms in lease agreement)

Using you initial, indicate that you have read and understand the procedures listed below:

____Federal Housing and URBAN Development (HUD) guidelines require us to report rental assistance payments that are made to landlords.

____If the amount paid to the individual or company within a calendar year is $600 or more, it must be reported as income.

____Our policy is to pay net 30 days from the day of receiving the invoice. That could mean a short delay in getting the check to you; it is rarely over 30 days.

____If there is a security deposit to be returned, it is to be returned to the tenant and not ATCAA.

Landlord's Information for Payment:

Phone:		Fax:	
Make Check Payable to:			
Mailing Address:			

I understand by signing below that once I have agreed upon amount from ATCAA, the tenant's balance is paid in full.

Signature:_____ Date: _____

ESG RENTAL ASSISTANCE AGREEMENT

Instructions: This Agreement must be completed by the Agency and Landlord when providing rental assistance under both the homelessness prevention and rapid re-housing components of the ESG Program. When paying rental arrears only a Rental Assistance Agreement is required as arrears are considered rental assistance. The Rental Assistance Agreement does not take the place of the lease between the program participant and landlord.

ESG Client HMIS/Comparable Database # _____

This Agreement is entered into between _____

(the Contractor) and _____ (the Owner/Landlord).

The purpose of this agreement is to assist the Tenant identified below to lease, or maintain a lease, in a decent, safe and sanitary dwelling unit from the Owner/Landlord. The Contractor will make Emergency Solutions Grant (ESG) Rapid Re-Housing or Homelessness Prevention rental assistance payments to the Owner/Landlord on behalf of the Tenant in accordance with this agreement.

Contract Unit, Tenant, Lease and Age of Contract Unit

This Agreement applies only to the Tenant and dwelling unit (Contract Unit) designated in this section:

Contract Unit:_____

Address, Apartment #, city, state, zip code

Tenant Name (s) _____

Name of Tenant(s) /Leaseholder(s)

Name of apartment complex, as applicable: _____

Monthly rent for the unit is $_____. Agency shall make payment to Owner by

the ____day of every month. Payments received after the ____ day of every month will be penalized

with a late fee in the amount of $ _____. (Due date, grace period, and late payment penalty will be consistent with the terms of the tenant's lease. Any late payment penalties are the sole responsibility of the Agency or Tenant to pay using non-ESG funds [24 CFR 576.106(b)].

EQUAL HOUSING OPPORTUNITY

This Rental Assistance Agreement applies to the above-referenced Tenant household and rental unit.

Rental Arrears

If assistance consists of the payment of rental arrears only, the total amount of $_____

will be paid by Agency to Owner for a total of _____ months of rental arrears.

Assistance under the ESG Rental Assistance Program is not guaranteed.

Assistance will be terminated if:

- At any re-examination Tenant's income is greater than the published income limit for the program; or
- Tenant is evicted from the assisted unit; or
- Tenant moves out of the assisted unit; or
- Tenant provides false information or commits any fraud in connection with the program, or fails to cooperate; or
- Funding for the Contractor's ESG Rental Assistance Program is terminated.

In the event of termination of rental assistance, the Contractor will provide at least thirty (30) days notice to Tenant.

Term of the Agreement

This agreement shall begin on _____, provided the Tenant has possession of the unit, and shall continue on a month to month basis until all promised payments are received or terminated by the Contractor.

Security Deposit, Contract Rent, Tenant Rent, Arrears and Rental Assistance Payment

Security Deposit $_____

First Month Rent $_____

Contract Rent $_____ Time frame_____ to _____

Tenant Rent $_____ Time frame_____ to _____

Arrears $_____ Number of months _____

Landlord Incentive Signing Bonus (ESG-CV only): _____

Total $_____ Provided to the Landlord

EQUAL HOUSING OPPORTUNITY

The portion of the Contract Rent payable by the Tenant (Tenant Rent) will be an amount determined by the Contractor. The amount of the Tenant Rent is subject to change during the term of this agreement at the sole discretion of the Contractor and will be effective as of the date stated in the notification by the Contractor to the Tenant and Owner/Landlord. Initially and until such change, the Tenant shall pay

$_____ per month to the Owner as the Tenant Rent.

The portion of the Contract Rent payable by the Contractor (Rental Assistance Payment) is equal to the difference between the Contract Rent and the Tenant Rent. The amount of the Rental Assistance Payment shall be determined by the Contractor and any change will be effective as of the date stated in the notification to the Tenant and Owner/Landlord. Initially and until such change, the amount to the

Rental Assistance Payments shall be $_____ per month.

Utilities, Appliances, Maintenance, Operation, and Inspections

Some utilities are the responsibility of the property Owner/Landlord and are considered furnished as part of the rental payment. Other utilities are considered the responsibility of the Tenant and must be arranged for and paid separately by the Tenant. The following utilities and appliances are considered essential to the health and safety of the Tenant:

Electricity to the unit is the responsibility of _____ (Owner/Tenant)

Water/Sewer to the unit is the responsibility of _____ (Owner/Tenant)

_____(other critical utility) is the responsibility of _____ (Owner/Tenant)

Refrigerator in the unit is furnished by _____ (Owner/Tenant)

Stove in the unit is furnished by _____ (Owner/Tenant)

Other terms and conditions of this agreement include: _____

_____

(Attach additional documentation as necessary)

Lead-Based Paint

The Contract Unit was constructed in _____ (Year) Before 1978 ☐ After 1978 ☐

1. All housing constructed before 1978 is affected by Lead-Based Paint (LBP) regulations.

2. Notification: Landlord must provide notification to Tenant of potential lead hazards, identified lead hazards, and the result of lead hazard-reduction activities. Multiple notifications may be required. Landlord must provide to Tenant the HUD pamphlet “Protect Your Family from Lead in Your Home”, available in English, Spanish and other languages at http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/healthyhomes/lead 3.

EQUAL HOUSING OPPORTUNITY

3. Disclosure: Landlord must inform Tenant regarding presence (or non-presence) of lead-based paint by providing the HUD notice "Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards" (available at http://www.hud.gov/offices/cpd/affordablehousing/training/web/leadsafe/usefulforms/) and obtaining Tenant's initials and signature(s) in the appropriate sections.

4. If potential lead hazards have been identified and lead hazard reduction activities have not been accomplished, or if the Landlord is not able to certify that no lead hazards exist, then Contractor shall not enter into a Rental Assistance Agreement with the Landlord.

Fair Housing Requirements

Landlord will not, in the provision of services or in any other manner, discriminate against any person on the basis of race, color, national origin, religion, gender, disability, or familial status. The obligation of Landlord to comply with Fair Housing Requirements inures to the benefit of the United States of America, HUD, State of California, and the Contractor, any of which will be entitled to affect any of the remedies available by law to redress any breach or to compel compliance by Landlord.

VAWA Protections

Owner/Landlord shall include all VAWA protections and requirements in its lease with the participant including HUD Form 91067 (VAWA Addendum), unless payment under this Agreement consists only of rental arrears.

1. The Landlord may not consider incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

2. The Landlord may not consider criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

3. The Landlord must permit the tenant to terminate the lease without penalty if the ESG Subrecipient determines that the tenant has met the conditions for an emergency transfer under 24 CFR §5.2005(e).

Termination

This agreement shall automatically terminate and no further rental assistance payments under this agreement may be made if:

(i) Tenant moves out of the housing unit for which the Tenant has a lease;
(ii) The lease terminates and is not renewed; or
(iii) Tenant becomes ineligible to receive ESG rental assistance. [24 CFR 576.106(h)(3).]

During the term of the agreement, Owner must give Agency a copy of any notice to Tenant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against Tenant. [24 CFR 576.106(e).]

EQUAL HOUSING OPPORTUNITY

Signatures and Contact Information

Owner/Landlord Signature:_____ Print Name:_____

Title: _____ Date: _____

Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

Agency Signature: _____Print Name: _____

Title: _____ Date: _____

Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

EQUAL HOUSING OPPORTUNITY

Addendum to Lease

Violence Against Women Act (VAWA)

This Addendum supplements the terms of the Lease between _____ ("Owner") and _____ ("Tenant") dated _____, including any all amendments and addendums thereto.

1. VAWA Protections.
   a. Owner shall **not**:
      i. Evict or otherwise deny assistance to Tenant on the basis or as a direct result of the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking. *Exception: Owner may evict upon showing that an actual and imminent threat[1] to other tenants or those employed at or providing service to the property would be present if Tenant is not evicted. Owner must document or otherwise be able to prove the actual and imminent threat based on words, gestures, actions or other indicators. Owner may only use eviction in this situation when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring Tenant to a different unit, barring the perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual residents.*
      ii. Deny tenancy or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking if: (1) the criminal activity is engaged in by a member of the household of the tenant or any guest or other person under the control of the tenant and (2) the tenant or an affiliated individual of the tenant is the victim or threatened victim of such domestic violence, dating violence, sexual assault or stalking.
      iii. Construe an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking as: (1) a serious or repeated violation of the lease by the victim or threatened victim of such incident or (2) good cause for terminating the assistance, tenancy or occupancy rights of the victim or threatened victim of such incident.
   b. When providing notification of eviction to Tenant, Owner shall provide HUD's notice of occupancy rights under VAWA and certification form to Tenant in the appropriate language consistent with Owner's duty to provide meaningful access to services for limited English proficient persons.
   c. This addendum shall not limit Owner in complying with a court order regarding (i) the rights or access or control of property, including civil protection orders issued to protect a victim of domestic violence, dating violence, sexual assault or stalking or (ii) the distribution or possession of property among members of a household.
   d. If Tenant requests VAWA protections, Owner may only request documentation in accordance with 24 CFR 5.2007. Owner may request in writing that the victim certify that the person is a victim of abuse and that HUD's certification form or other documentation as noted on the

[1] Actual and imminent threat is a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, Owner should consider: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

certification form be completed and submitted within 14 business days, or an agreed upon extension date, to receive VAWA protections. Failure to provide the certification or other supporting documentation may result in eviction.

e. Any information submitted to Owner by Tenant, including the fact that Tenant is a victim of domestic violence, dating violence, sexual assault or stalking shall be maintained in strict confidence. Owner shall not allow any individuals in owner's employ or under contract to have access to confidential information unless explicitly authorized by Owner for reasons that specifically call for these individuals to have access under applicable Federal, State or local law. Owner shall not disclose such information to any other entity or person unless (i) requested or consented to by Tenant in a time-limited release, (ii) required for use in an eviction proceeding or hearing regarding termination of rental assistance, or (iii) otherwise required by applicable law.

f. Consistent with _____ [name of agency providing rental assistance]'s Emergency Transfer Plan, Tenant may request an emergency transfer if (i) Tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit or (ii) Tenant was a victim of sexual assault that occurred on the premises within 90 days prior to requesting transfer.

2. Supplemental Terms. Except as supplemented herein, all remaining terms and provisions of the Agreement remain in full force and effect. Notwithstanding the foregoing, to the extent there is any inconsistency between the provisions of the Agreement and the provisions of this Addendum, the provisions of this Addendum shall control.
3. Term. The term of this Addendum shall be coterminous with the Lease.

Owner and Tenant agree to and accept this Addendum as evidenced by the following signatures:

_____ _____

Owner Date
Printed Name:

_____ _____

Tenant Date
Printed Name:

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▸ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▸ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▸

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ▸ **Date** ▸

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Central Sierra HOME SAFE
Homelessness Prevention or Rapid Re-Housing

2022 Fair Market Rent

2022 **Amador** County FMRs for All Bedroom Sizes

The following table shows the 2022 FMRs by unit bedrooms for **Amador County, California**.

2022 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2022 FMR	$920	$926	$1,148	$1,631	$1,965

2022 **Calaveras** County FMRs for All Bedroom Sizes

The following table shows the 2022 FMRs by unit bedrooms for **Calaveras County, California**.

2022 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2022 FMR	$739	$857	$1,094	$1,554	$1,785

2022 **Tuolumne** County FMRs for All Bedroom Sizes

The following table shows the 2022 FMRs by unit bedrooms for **Tuolumne County, California**.

2022 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2022 FMR	$752	$860	$1,132	$1,556	$1,938

2022 **Mariposa** County FMRs for All Bedroom Sizes

The following table shows the 2022 FMRs by unit bedrooms for **Mariposa County, California**.

2022 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2022 FMR	$718	$808	$1,063	$1,423	$1,819

Rent Reasonablenessness and Fair Market Rent Certification
CA HCD ESG Program

PART 1: UNIT DETAILS

Unit Details	PARTICIPANT UNIT	Comparable Unit #1	Comparable Unit #2	Comparable Unit #3
Address				
Number of Bedrooms				
Unit Type				
Census Tract or Neighborhood				
Quality, Amenities, and Accommodations				
Contract Rent				
Utility Allowance Amount + Fees				
Gross Rent (Contract + Allowance + Fees)				

PART 2: RENT REASONABLENESS ASSESSMENT

The rent reasonableness (RR) standard for CA HCD's ESG Program requires participant units' gross rent to be nore more than $100 above the average gross rent of three comparable units.

_____	is not more than $100 above	_____	; therefore it meets the RR standard
Participant Unit Gross Rent		**Avg Gross Rent of Comparable Units**	

PART 3: FAIR MARKET RENT ASSESSMENT

The ESG Program requires participant units' gross rent to be less than or equal to the applicable Fair Market Rent (FMR) value.

_____	is less than or equal to	_____	; therefore it meets the FMR standard
Participant Unit Gross Rent		**FMR Value**	

PART 4: PROJECT STAFF SIGNATURE AND CERTIFICATION

By signing below, I hereby certify that the above information is correct and accurate to the best of my knowledge; that this form is accompanied by backup documentation attesting to the specified information for the participant's unit, all comparable units, and the applicable FMR value; and that based on the above, the participant's unit meets the applicable FMR and RR standards.

Name *Signature* *Date*

Rent Reasonablenessness and Fair Market Rent Certification
CA HCD ESG Program

INSTRUCTIONS

This page provides instructions for using the CA HCD ESG Program's Rent Reasonableness and Fair Market Rent Certification form. **YOU DO NOT NEED TO INCLUDE THIS PAGE IN CLIENT FILES.**

Part 1: Unit Details

- Address: the street address of the unit

- Number of Bedrooms: the total number of bedrooms in the unit.
- Unit Type: all units should be of the same or comparable type (e.g. efficiency/SRO, apartments buildings <= 4 units, apartment buildings >= 5 units, single family homes)
- Census Tract or Neighborhood: except in urban areas or other areas with significant differences in rent between neighborhoods, comparable units should be drawn from the same census tract as the participant unit; otherwise, comparable units should be drawn from the same neighborhood (as defined by the service provider)

- Quality, Amenities, and Accommodations: specify the unit's quality (e.g. good, fair, poor) and list any other amenities that would substantially affect the experience of people living in the unit (e.g. off-street parking , in-unit laundry). Also, list any disability accommodations.

- Contract Rent: the amount of rent paid to the owner as listed in the lease

- Utility Allowance Amount: the amount owed to the participant based on those utilities not included in the rent; calculated using the local PHA's utility allowance schedule
- Gross Rent: the sum of monthly contract rent, fees, and utility allowance; for more information about gross rent calculation, refer to the CA HCD ESG Fair Market Rent and Rent Reasonableness Policy

Part 2: Rent Reasonableness Assessment

The participant unit meets CA HCD's Rent Reasonableness standard if its gross rent is not more than $100 above the average gross rent of the comparable units. The average gross rent of comparable units can be calculated by adding them together, then dividing by 3.

Part 3: Fair Market Rent Assessment

The participant unit meets FMR standards if its gross rent is less than or equal to the current FMR value for the unit's county or, if applicable, the unit's Metropolitan FMR Area. Current FMR values are published online by HUD at https://www.huduser.gov/portal/datasets/fmr.html

UTILITY ALLOWANCE (Place Holder)

DIRECTIONS:

1. Go to Central Sierra CoC Website: https://www.centralsierracoc.org/
2. Search for Utility Allowance Work Sheets
3. Place HERE

Central Sierra HOME SAFE

Homelessness Prevention & Rapid Re-Housing

Participant Obligations and Responsibilities Agreement

TO PARTICIPATE IN THIS PROGRAM, WE ASK THAT ALL ADULTS IN THE HOUSEHOULD READ AND AGREE TO THE FOLLOWING:

1. HOME SAFE rental assistance is a program with requirements that the participants must agree to meet. Each household will be re-evaluated for meeting the requirements every three months (quarterly) for the entire period the household is receiving assistance. The Agency reserves the right to discontinue HOME SAFE Financial Services if it finds the household is no longer meeting the participation requirements.

2. Eligibility for HOME SAFE rental assistance is based in part on income. Therefore, Participants will be required to document all income for the household. The Agency will need to re-certify all income every three months(quarterly) for the entire time the household is receiving assistance.

3. Home SAFE assistance may still be available if the household is receiving housing assistance from another housing program. Please notify staff if you are receiving other housing assistance or participating in another housing program.

4. You will have scheduled meetings with agency Staff, including home visits or office appointments. Please make any cancellation of meetings 24 hours in advance. It is the applicant's responsibility to reschedule a missed appointment.

5. All adults, 18 years or older, in the household are strongly encouraged to attend a monthly $mart money class for one hour each month. The Agency case manager will provide the date/time of classes. It is the participates' responsibility to notify ATCAA if they are unable to attend a class. Missing a class may jeopardize further financial assistance.

6. To participate in this program, the household will work closely with a case manager. The case manager may make several visits to the home and ask that adults in the home visit the Agency for meetings occasionally.

7. Agency staff will be making contact with the landlord or property management company to verify the rental and to follow-up during the period of assistance. Participants will be asked to sign a consent form that allows staff to talk directly to the landlord or property manager.

8. Intake staff will give applicants a telephone or mail reminder of any additional documentation or information needed by our agency. If documentation is not returned within 10 working days, a second reminder phone call or letter will be sent. If there is not response in 10 days, Assistance may be denied.

9. Please submit a 30 – day notice of intent to move from the rental to Landlord and this agency.

10. Please submit any Evection notice to this agency no more than 3 days after receiving.

Client Signature	**Client Name (print)**	**Date**

Central Sierra HOME SAFE
Rapid Re-Housing

Landlord/ Tenant Relations

1. Only persons listed on the application and lease may reside in the rental. Visitors to the household who are in the unit for 12 consecutive days and are not permitted by the landlord may place the rental agreement in jeopardy.

2. Tenants must maintain the unit in a clean, sanitary and safe condition. Please notify the agency if you are having difficulty with the rental unit.

3. Tenants must report any needed repairs to Landlord/Property owner of unit quickly. If the tenant causes the damage, it is the households responsible to pay for repairs. However, any damages must be reported to the Landlord/ Property owner even if the tenant makes the repairs.

4. Tenants must pay all utility bills, rent, and credit obligations on time. Please notify the Agency if you are having difficulty paying bills or other financial obligations.

MEMBERS OF THE HOUSEHOLD MUST NOT:

1. Commit any serious or repeated violations of the lease.

2. Engage in any drug-related or violent activities.

3. Commit fraud, bribery or any other corrupt or criminal act in connection with the Central Sierra HOME SAFE Program.

4. Engage in or threaten abusive or violent behavior toward this agency's staff.

5. Enter into side agreements with the Landlord/property owner.

I/We understand the above responsibilities and obligations.

Signatures required:

Head of Household _____ Date _____

Other Adult _____ Date _____

Agency certification:

I hereby certify that I have disclosed and explained the above conditions to the participating family. I also certify that I have provided a copy of this document to the family.

Housing Representative _____ Date _____

Centeral Sierra HomeSafe
FY 2022/23 Income Limits Summary

	Programs	FY 2022 Income limit Category	1	2	3	4	5	6	7	8
AMADOR MEDAN FAMILY INCOME ($86,600)		Very Low (50%)Yearly Income Limits ($)	$30,350	$34,650	$39,000	**$43,300**	$46,800	$50,250	$53,700	$57,200
		Very Low (50%)Monthly Income Limits ($)	$2,529	$2,888	$3,250	**$3,608**	$3,900	$4,188	$4,475	$4,767
		Extermely low (30%) Yearly Income limits	$18,200	$20,800	$23,400	**$27,750**	$32,470	$37,190	$41,910	$46,630
		Extermely low (30%) Monthly Income limits	$1,517	$1,733	$1,950	**$2,313**	$2,706	$3,099	$3,493	$3,886
		low (80%) Yearly Income limits	$48,550	$55,450	$62,400	**$69,300**	$74,850	$80,400	$85,950	$91,500
		low (80%) Monthly Income limits	$4,046	$4,621	$5,200	**$5,775**	$6,238	$6,700	$7,163	$7,625

	Programs	FY 2022 Income limit Category	1	2	3	4	5	6	7	8
CALAVERAS MEDIAN FAMILY INCOME (90,000)		Very Low (50%)Yearly Income Limits ($)	$31,500	$36,000	$40,500	**$45,000**	$48,600	$52,200	$55,800	$59,400
		Very Low (50%)Monthly Income Limits ($)	$2,625	$3,000	$3,375	**$3,750**	$4,050	$4,350	$4,650	$4,950
		Extermely low (30%) Yearly Income limits	$18,900	$21,600	$24,300	**$27,750**	$32,470	$37,190	$41,910	$46,630
		Extermely low (30%) Monthly Income limits	$1,575	$1,800	$2,025	**$2,313**	$2,706	$3,099	$3,493	$3,886
		low (80%) Yearly Income limits	$50,400	$57,600	$64,800	**$72,000**	$77,800	$83,550	$89,300	$95,050
		low (80%) Monthly Income limits	$4,200	$4,800	$5,400	**$6,000**	$6,483	$6,963	$7,442	$7,921

	Programs	FY 2022 Income limit Category	1	2	3	4	5	6	7	8
MARIPOSA MEDIAN FAMILY INCOME (67,000)		Very Low (50%)Yearly Income Limits ($)	$27,300	$31,200	$35,100	**$38,950**	$42,100	$45,200	$48,300	$51,450
		Very Low (50%)Monthly Income Limits ($)	$2,275	$2,600	$2,925	**$3,246**	$3,508	$3,767	$4,025	$4,288
		Extermely low (30%) Yearly Income limits	$16,350	$18,700	$23,030	**$27,750**	$32,470	$37,190	$41,910	$46,630
		Extermely low (30%) Monthly Income limits	$1,363	$1,558	$1,919	**$2,313**	$2,706	$3,099	$3,493	$3,886
		low (80%) Yearly Income limits	$43,650	$49,850	$56,100	**$62,300**	$67,300	$72,300	$77,300	$82,250
		low (80%) Monthly Income limits	$3,638	$4,154	$4,675	**$5,192**	$5,608	$6,025	$6,442	$6,854

	Programs	FY 2022 Income limit Category	1	2	3	4	5	6	7	8
TUOLUMNE MEDIAN FAMILY INCOME (84,300)		Very Low (50%)Yearly Income Limits ($)	$29,150	$33,300	$37,450	**$41,600**	$44,950	$48,300	$51,600	$54,950
		Very Low (50%)Monthly Income Limits ($)	$2,429	$2,775	$3,121	**$3,467**	$3,746	$4,025	$4,300	$4,579
		Extermely low (30%) Yearly Income limits	$17,500	$20,000	$23,030	**$27,750**	$32,470	$37,190	$41,910	$46,630
		Extermely low (30%) Monthly Income limits	$1,458	$1,667	$1,919	**$2,313**	$2,706	$3,099	$3,493	$3,886
		low (80%) Yearly Income limits	$46,600	$53,250	$59,900	**$66,550**	$71,900	$77,200	$82,550	$87,850
		low (80%) Monthly Income limits	$3,883	$4,438	$4,992	**$5,546**	$5,992	$6,433	$6,879	$7,321

Central Sierra HOME SAFE

Rapid Re - Housing

Income Verification

HOUSEHOLD COMPOSITION

Client Name	DOB	M/F	SSN#	Relationship

If without minor children, is the applicant:

_____ Pregnant _____ Disabled _____ Frail

Please explain nature of disability: _____

_____

MONTHLY INCOME

Client Name	Employment	TANF	Snap Benefit	SSD	SSI	UIB	SSDI	Other
Totals								

Client Name	Employer Name	Employer Phone

Where were you living previously? _____ For how long? _____

Zip code of previous address: _____

Are you currently receiving any housing assistance? Please list type and amount here:

1. _____

2. _____

3. _____

SELF-DECLARATION OF INCOME

ESG Applicant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

ESG Applicant Signature: _____ Date: _____

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

ESG Applicant Signature: _____ Date: _____

ESG Staff Due Diligence *This section MUST be completed.

I understand that third-party verification is the preferred method of certifying income for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third-party verification.

Documentation of attempt made for third-party verification:

_____
_____
_____

ESG Staff Signature: _____ Date: _____

VERIFICATION OF INCOME

ESG Applicant Name: _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

☐ Employment Income

ESG Applicant Release: I hereby authorize the release of the following employment information.

ESG Applicant Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____since _____. He/she is paid $_____ on a _____basis and is currently working an average of _____hours per _____.

Additional compensation please specify (if any):_____
Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date:_____
Name, Title: _____
Address and Phone: _____

☐ Payments and/or Benefit Income (complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file)

CIRCLE ONE:

☐Social Security/SSI ☐Pension/Retirement ☐TANF
☐Public Assistance ☐Unemployment Compensation ☐Workers Compensation
☐Alimony Payments ☐Foster Care Payments ☐Child Support Payments
☐Armed Forces Income
☐Other (pls. specify): _____

ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

ESG Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of $_____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date:_____
Name, Title: _____
Address and Phone: _____

Central Sierra HOME SAFE

Rapid Re-Housing

Client Rights to confidentiality

Throughout your Participation in the case management program and after it's conclusion, CSHS will respectfully honor your confidentiality. There may be occasions when CSHS staff will need to discuss your particular situation or needs with other staff members.

Your permission in writing is required to release your information to other agencies or services providers. California law requires that CSHS staff make the following exceptions to this confidentiality:

1. When you report that a minor or adult has been physically, sexually, emotionally, or verbally abused, neglected, abandoned or is the victim of crime.
2. When you make threat of bodily harm to yourself or another person.
3. If CSHS Staff receives a court order or a subpoena.

Applicant Signature	Date
Housing Representative	Date

Case Management Agreement

I agree to case management services with the HOME SAFE Program at CSHS. This means I will meet with my case manager on a one-on-one home visit on several occasions and will remain in contact with my case manager for the entire time period of my financial assistance. I understand if my address or phone number changes in the year, that I will contact my case manager to update my information. I understand that if I do not complete the entire process, including the above listed items, I will not be eligible for future funds or services though the central Sierra HOME SAFE program.

Applicant Signature	Date
Housing Representative	Date

Central Sierra Home Safe

Acknowledgment of Documents

I _____ have received the following documents for my records. Case Manager _____ from [Organization] has explained our Housing Assistance Program and gone over my rights and responsibilities of each form.

☐VAWA Form HUD-5380

☐VAWA Form HUD-5383

☐VAWA Form(s)

☐Lead Based Paint Packet

☐Smart Money Course Schedule

☐Other _____

_____ _____

Client Signature Date

_____ _____

Client Signature Date

_____ _____

Case Manager Date

Consent for Exchange of information *(form used ONLY if client needs direct assistance in accessing services listed on the next page)*

The Following is an Exchange of information for the family of: _____

Name	DOB	SSN #

I/We the undersigned hereby authorized the following agencies and their officers and employees to discuss any medical, social, educational and psychological information concerning the above named family members with any other agencies listed below. I/We the undersigned acknowledge that the information that will be shared by any of the agencies listed may be confidential and privileged, I/We hereby expressly waive that confidentiality and privilege for any information shared by any of the agencies and officers and employees listed below. This exchange of information will only be used to help coordinate referral, assessment and related for my family and myself.

Using your INITIALS, indicate which agencies you authorize to exchange information.

	Landlord		School
	DSS (ALL)		Physician
	Eligibility		ICES
	Welfare to Work		Family Resource Center
	Child Welfare		Woman's Center
	Foster Care		Valley Mountain Resources
	Behavioral Health		Public Health
	Probation		Pregnancy Center
	District Attorney		Victim Witness
	Hospital		Other
	WellSpace		Sutter Amador
	ATCAA		Health and Human Services

The consent becomes effective _____ and may be revoked in writing by the undersigned at any time except to the extent that action has already been taken. My written consent form will be effective upon receiving the written revocation. This Consent Shall Expire on _____or in one year from the effective date, whichever comes first. I understand that I am to receive a copy of the authorization. A photocopy of this consent is as valid as the original. If I choose not to sign this consent, I will be referred to appropriate services and shall not be denied services.

_____ _____

Applicant Signature Date

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION
AUTHORIZATION FOR DATA COLLECTION

Amador Tuolumne Community Action Agency is a Partner Agency in the Homeless Management Information System (HMIS), a shared homeless and housing database system administered by the Central Sierra Continuum of Care

HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

• Your name and other identifying information **will not** be shared with any agency not participating in the system, unless required to do so by law.

• Sensitive information such as diagnosis or treatment of mental health disorders, drug or alcohol disorders, HIV-AIDS, or domestic violence concerns, **will not** be shared.

• A list of Partner Agencies is available on request.

• Authorizing your information to be entered into the HMIS is required to receive homeless services.

Please indicate your consent by signing below:

_____
Print Name of Client or Guardian

_____
Signature Of Client Or Guardian

_____
Date

Client Revocation of Consent to Release Information for Data Sharing

I hereby revoke permission for this partner agency in the Central Sierra Continuum of Care to share my personal information and information regarding my family in the Central Sierra CoC Homeless Management Information System (HMIS). I understand that my information will remain in the HMIS as part of the non-identifying data collected on homeless services provided through the Continuum of Care.

I understand that this revocation will become effective immediately upon receipt of my signature.

_____	_____	_____
Client Name (Please Print)	Client Signature	Date
_____	_____	_____
Guardian Name (if required)	Guardian Signature (if required)	Date

Executed at:

_____

Name of Partner Agency

_____	_____	_____
Agency Personnel Name (Please Print)	Agency Personnel Signature	Date

Central Sierra CoC - HMIS PROJECT ENTRY FORM
For all projects except Street Outreach, Emergency Shelter, or SSVF

Information Collected Date: _____ PROJECT NAME: _____Project Entry Date: _____

Complete a separate Project Entry form for each person in the household. Note the head of household name on all forms.

COMPLETE THIS SECTION FOR ALL CLIENTS, ADULTS AND CHILDREN

Client Name	First Middle Last Suffix _____ Client ID Number:	**Head of Household (If not client)**	First Middle Last Suffix _____ HOH ID Number:
Name Data Quality	☐ Full name reported ☐ Partial, street name or code name reported ☐ Client Doesn't Know ☐ Client Refused	**Relationship to Head of Household**	☐ Self (client is head of household) ☐ HOH's child ☐ HOH's spouse or partner ☐ HOH's other relation/family member ☐ Other: non-relation member
Date of Birth	_____/_____/_____ MM DD YY ☐ Full DOB reported ☐ Approx/Partial DOB ☐ Client Doesn't Know ☐ Client Refused	**SS#**	_____- _____- _____ ☐ Full SSS reported ☐ Approx/Partial SSS ☐ Client Doesn't Know ☐ Client Refused
Gender	☐ Male ☐ Female ☐ Transgender (Female To Male) ☐ Transgender (Male To Female) ☐ Does not identify as Male, Female or transgender ☐ Client Doesn't Know ☐ Client Refused	**Race** *(may check more than one)*	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused
Ethnicity	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused		

Veteran Status	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Disabling Condition	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Has Health Coverage	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Is this person pregnant?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Home Language	☐ English	☐ Spanish	☐ Other:	

COMPLETE THE FOLLOWING SECTIONS FOR HEAD OF HOUSEHOLD AND ALL ADULTS

Housing status	☐ Category 1 - Homeless ☐ Category 2 - At Imminent Risk of losing housing ☐ Category 3 - Homeless only under other Federal Statutes (see manual for definitions) ☐ Category 4 - Fleeing domestic violence ☐ At risk of homelessness ☐ In Stable housing ☐ Client Doesn't Know ☐ Client Refused
Education Level (Adults 24+ only)	☐ 0 – 8 Grade ☐ 9 – 12 Grade/non-graduate ☐ High School graduate/GED ☐ 12+ Some post-secondary ☐ 2 or 4 year college graduate ☐ Client Doesn't Know ☐ Client Refused ☐ NA / Data not collected
Employment at entry	☐ Full-time ☐ Part-time ☐ Unemployed ☐ Not in work force ☐ Client Doesn't Know ☐ Client Refused ☐ NA / Data not collected
(For CSBG) Other Family Characteristics:	☐ Farmer ☐ Migrant Farm Worker ☐ Seasonal Farm Worker ☐ Client Doesn't Know ☐ Client Refused ☐ NA / Data not collected
Last known zip code	
County	☐ Amador ☐ Calaveras ☐ Mariposa ☐ Tuolumne ☐ Other:

Type of residence at entry (Complete one section)

Literally Homeless		
☐ Place not meant for human habitation ☐ Emergency shelter (including motel paid for w/voucher) ☐ Safe haven ☐ Interim Housing **Length of stay in Prior Living Situation:** ☐ One day or less ☐ Two days to one week ☐ More than one week but less than one month ☐ One to three months ☐ More than three months but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused	**Approximate date started:** **Total Number of times homeless on the street, in ES, or SH in the past three years, including today:** **Total number of months homeless on the street, in ES, or SH in the past 3 years:**	_____ ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Client Doesn't Know ☐ Client Refused _____
Institutional Situation		
☐ Foster care home or group home ☐ Hospital (non-psychiatric) ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital ☐ Substance abuse treatment facility / detox center **Was the client's stay less than 90 days?** ☐ Yes ☐ No **Length of stay in Prior Living Situation:** ☐ One day or less ☐ Two days to one week ☐ More than one week but less than one month ☐ One to three months ☐ More than three months but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused	**If stay was less than 90 days complete the following:** **On the night before, did client stay on the streets, in an emergency shelter or safe haven?** **If Yes, then Approximate date started:** **Total Number of times homeless on the street, in ES, or SH in the past three years, including today:** **Total number of months homeless on the street, in ES, or SH in the past 3 years:**	☐ Yes (Complete the following questions) ☐ No (Skip the following questions) _____ ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Client Doesn't Know ☐ Client Refused _____
Transitional and Permanent Housing Situation		
☐ Hotel or motel paid by client ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client with ongoing housing subsidy ☐ Permanent housing for formerly homeless ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client with VASH subsidy ☐ Rent by client with other subsidy ☐ Residential project or halfway house with no homeless criteria ☐ Staying in family's apt or house ☐ Staying in friend's apt or house ☐ Transitional housing for homeless persons ☐ Client Doesn't Know ☐ Client Refused **Length of stay in Prior Living Situation:** ☐ One day or less ☐ Two days to one week ☐ More than one week but less than one month ☐ One to three months ☐ More than three months but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused	**Was the client's stay less than 7 days?** **If Yes, complete the following:** **On the night before, did client stay on the streets, or in an emergency shelter?** **If Yes, then Approximate date started:** **Total Number of times homeless on the street, in ES, or SH in the past three years, including today:** **Total number of months homeless on the street, in ES, or SH in the past 3 years:**	☐ Yes ☐ No ☐ Yes ☐ No _____ ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Client Doesn't Know ☐ Client Refused _____

(Rapid Re-housing Projects Only) Is client in permanent housing?	☐ Yes ☐ No	**If Yes, Please specify move-in date**	

Central Sierra CoC - HMIS INCOME AND SPECIAL NEEDS DATA COLLECTION FORM

Complete a separate form for each household member

PROJECT NAME: _____ **Project Entry Date** _____

COLLECT INFORMATION AT: ☐ Project Entry ☐ Annual Reassessment ☐ Project Exit

Date Information Collected: _____ Collected By: _____

Client Name	First Middle Last Suffix _____ Client ID Number:	**Head of Household (If not client)**	First Middle Last Suffix _____ HOH ID Number:

ALL CLIENTS, ADULTS AND CHILDREN

Special Needs Information

Substance Abuse Condition ***If Alcohol Abuse, Drug Abuse, or Both Alcohol and Drug Abuse checked, then:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ No ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol and Drug Abuse ☐ Client doesn't know ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused	**Chronic Health Condition** ***If Yes:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused
Physical Disability ***If Yes:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused	**HIV / AIDS Diagnosis** ***If Yes:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused
Developmental Disability ***If Yes:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused	**Mental Health Condition** ***If Yes:*** *Is condition expected to be of long & indefinite duration and impair ability to live independently?*	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused ☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused

HEAD OF HOUSEHOLD AND ADULTS ONLY

Special Needs Information (continued) - Domestic Violence

Is client a domestic violence victim/survivor?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**If Yes, when did Domestic Violence experience occur?**	☐ Within past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ More than a year ago ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

If yes, are you currently fleeing?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Central Sierra CoC - HMIS INCOME AND SPECIAL NEEDS DATA COLLECTION FORM

HEAD OF HOUSEHOLD AND ADULTS ONLY	**Income and Benefits Information**			
Income received from any source?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Non-Cash Benefits received from any source?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused
Covered by Health Insurance?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused

Income received information	Monthly Amount	**Non-cash benefit received information**	Receive Benefit?
Earned Income	$_____.00	SNAP (Food Stamps)	☐ No ☐ Yes
Unemployment Ins.	$_____.00	Special supplemental nutrition program for women, infants and children (WIC)	☐ No ☐ Yes
Supplemental Security (SSI)	$_____.00		
Social Security Disability (SSDI)	$_____.00		
VA Svc-connected Disability	$_____.00	TANF Child Care Services	☐ No ☐ Yes
VA non-service-connected Disability Pension	$_____.00	TANF Transportation Svcs.	☐ No ☐ Yes
Private Disability Insurance	$_____.00	Other TANF funded Svcs.	☐ No ☐ Yes
Worker's Compensation	$_____.00		
TANF/CalWORKS	$_____.00	Section 8, Public Housing or other ongoing rental assistance	☐ No ☐ Yes
General Assistance	$_____.00		
Social Security Retirement	$_____.00	Other Source	☐ No ☐ Yes
Pension from former job	$_____.00	Specify Source	
Child support	$_____.00	Temporary Rental Assistance	☐ No ☐ Yes
Alimony / Spousal Support	$_____.00		
Other source _____	**$_____.00**	Specify Source	
Total Monthly Income			

ALL CLIENTS, ADULTS AND CHILDREN	**Health Insurance Information**	
Medicaid / Medi-Cal	☐ Yes	☐ No
Medicare	☐ Yes	☐ No
State Children's Health Ins.	☐ Yes	☐ No
VA Medical Services	☐ Yes	☐ No
Employer provided insurance	☐ Yes	☐ No
Insurance through COBRA	☐ Yes	☐ No
Private Pay Health Insurance	☐ Yes	☐ No
State Health Ins. for Adults	☐ Yes	☐ No
Indian Health Services Program	☐ Yes	☐ No
Other Health Insurance	☐ Yes	☐ No
If Yes for Other, Please Specify		
Comments		

Central Sierra CoC - HMIS PROJECT EXIT FORM

PROGRAM NAME:_____ **Worker Initials:**_____

Complete a Project Exit form for each person in the household exiting the project.
Note the head of household name on all forms.

COMPLETE THIS SECTION FOR ALL CLIENTS, ADULTS AND CHILDREN

Client Name	First	Middle	Last	Suffix	**Head of Household (If not client)**	First Middle Last Suffix	
	Client ID Number:					HOH ID Number:	
Program Exit Date							

OTHER HOUSEHOLD MEMBERS EXITING TOGETHER TO SAME DESTINATION
(Complete a separate exit form for household members exiting to a different destination or on a different date.)

Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			
Additional Household Member Client Name	First	Middle	Last	Suffix
	Client ID Number:			

Central Sierra CoC - HMIS PROJECT EXIT FORM

COMPLETE THIS SECTION FOR HOH and ALL ADULTS

Destination	☐ Deceased ☐ Emergency shelter (including hotel/motel paid for with emergency shelter voucher) ☐ Foster care home or group home ☐ Hospital or other non-psychiatric medical facility ☐ Hotel or motel paid for without emergency shelter voucher ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Moved from one HOPWA funded project to HOPWA PH ☐ Moved from one HOPWA funded project to HOPWA TH ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing for formerly homeless persons (such as: CoC project, HUD legacy programs, or HOPWA PH) ☐ Place not meant for human habitation	☐ Psychiatric hospital or other psychiatric facility ☐ Rented by client, no ongoing housing subsidy ☐ Rented by client, with VASH housing subsidy ☐ Rented by client, with GPD TIP housing subsidy ☐ Rent by client with other ongoing housing subsidy ☐ Safe haven ☐ Staying or living with family, permanent tenure ☐ Staying or living with family, temporary tenure (e.g. room, apartment or house) ☐ Staying or living with friends, permanent tenure ☐ Staying or living with friends, temporary tenure (e.g. room, apartment or house) ☐ Substance abuse treatment facility or detox center ☐ Transitional housing for homeless persons (including homeless youth) ☐ Other ☐ No exit interview completed ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Housing Assessment Disposition	☐ Referred to Emergency Shelter ☐ Referred to Transitional Housing ☐ Referred to Rapid re-housing ☐ Referred to Permanent supportive housing ☐ Referred to Homeless prevention ☐ Referred to Street Outreach ☐ Referred to Other continuum project type ☐ Referred to homelessness diversion program ☐ Unable to refer/accept within continuum; Ineligible for continuum projects	☐ Unable to refer/accept within continuum; continuum services unavailable ☐ Referred to other community project (non-continuum) ☐ Applicant declined referral/acceptance ☐ Applicant terminated assessment prior to completion ☐ Other / specify: _____

Housing Assessment at Exit	☐ Able to maintain the housing they had at project entry ☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an ongoing subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy ☐ Moved to a new housing unit ☐ With an ongoing subsidy ☐ Without an ongoing subsidy ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program	☐ Client became homeless - moving to a shelter or other place ☐ Client went to jail/prison ☐ Client died ☐ Client doesn't know ☐ Client refused

Complete a separate HMIS Income-Special Needs Data form for HOH and each Adult exiting the project.

ESG HOUSING HABITABILITY STANDARDS INSPECTION CHECKLIST FOR RAPID RE-HOUSING AND PREVENTION

About this Tool

The standards for housing unit inspections under ESG are the housing habitability standards described in Appendix C of the ESG Notice. Inspections must be conducted upon initial occupancy and then on an annual basis for the term of ESG assistance.

The Housing Quality Standards (HQS) used for other HUD programs are different than the minimum standards for permanent housing and emergency shelter assisted with ESG funds. While in most respects HQS is more stringent and detailed than the ESG minimum standards for permanent housing and emergency shelter, the ESG standards for fire safety are more specific.

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved or Deficient	Element
	1. *Structure and materials*: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. *Access*: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. *Space and security*: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. *Interior air quality*: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. *Water Supply*: The water supply must be free from contamination.
	6. *Sanitary Facilities*: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. *Thermal environment*: The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. *Illumination and electricity*: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. *Food preparation and refuse disposal*: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	10. *Sanitary condition*: The housing and any equipment must be maintained in sanitary condition.
	11. *Fire safety*: Both conditions below must be met to meet this standard. a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of

		the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and I have evaluated the property located at the address below to the best of my ability and find the following:

☐ Property meets all of the above standards.
☐ Property does not meet all of the above standards.

Therefore, I make the following determination:

☐ Property is approved.
☐ Property is not approved.

Case Name: _____

Street Address: _____

Apartment: _____ City: _____

State: _____ Zip: _____

Evaluator's Signature: _____ **Date**: _____

Please Print. Name: _____

_____

Inspection Checklist

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of l937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection ☐ Initial ☐ Special ☐ Reinspection	Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit **Year Constructed (yyyy)**

Full Address (including Street, City, County, State, Zip)

Number of Children in Family Under 6

Owner

Name of Owner or Agent Authorized to Lease Unit Inspected | Phone Number

Address of Owner or Agent

Housing Type (check as appropriate)

- ☐ Single Family Detached
- ☐ Duplex or Two Family
- ☐ Row House or Town House
- ☐ Low Rise: 3, 4 Stories, Including Garden Apartment
- ☐ High Rise; 5 or More Stories
- ☐ Manufactured Home
- ☐ Congregate
- ☐ Cooperative
- ☐ Independent Group Residence
- ☐ Single Room Occupancy
- ☐ Shared Housing
- ☐ Other

B. Summary Decision On Unit (To be completed after form has been filled out

	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
☐ Pass ☐ Fail ☐ Inconclusive			

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

***** Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;
3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pas	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
	2. Kitchen					
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
	3. Bathroom					
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

Item No. 4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1 Room Code* and Room Location ☐				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				☐ Not Applicable	
Are all painted surfaces free of deteriorated paint?					
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10 Smoke Detectors					
4.1 Room Code* and Room Location ☐				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				☐ Not Applicable	
Are all painted surfaces free of deteriorated paint?					
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10 Smoke Detectors					
4.1 Room Code* and Room Location ☐				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint				☐ Not Applicable	
Are all painted surfaces free of deteriorated paint?					
If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code * and Room Location	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing					
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.
Check/list any positive features found in relation to the unit.

D. Questions to ask the Tenant (Optional)

1. Living Room

- [ ] High quality floors or wall coverings
- [ ] Working fireplace or stove Balcony,
- [ ] patio, deck, porch Special windows
- [ ] or doors
- [ ] Exceptional size relative to needs of family
- [ ] Other: (Specify)

2. Kitchen

- [ ] Dishwasher
- [ ] Separate freezer
- [ ] Garbage disposal
- [ ] Eating counter/breakfast nook
- [ ] Pantry or abundant shelving or cabinets
- [ ] Double oven/self cleaning oven, microwave
- [ ] Double sink
- [ ] High quality cabinets
- [ ] Abundant counter-top space
- [ ] Modern appliance(s)
- [ ] Exceptional size relative to needs of family
- [ ] Other: (Specify)

3. Other Rooms Used for Living

- [ ] High quality floors or wall coverings
- [ ] Working fireplace or stove Balcony,
- [ ] patio, deck, porch Special windows
- [ ] or doors
- [ ] Exceptional size relative to needs of family
- [ ] Other: (Specify)

4. Bath

- [ ] Special feature shower head
- [ ] Built-in heat lamp
- [ ] Large mirrors
- [ ] Glass door on shower/tub
- [ ] Separate dressing room
- [ ] Double sink or special lavatory
- [ ] Exceptional size relative to needs of family
- [ ] Other: (Specify)

5. Overall Characteristics

- [ ] Storm windows and doors
- [ ] Other forms of weatherization (e.g., insulation, weather
- [ ] stripping) Screen doors or windows
- [ ] Good upkeep of grounds (i.e., site cleanliness, landscaping,
- [ ] condition of lawn)
- [ ] Garage or parking facilities
- [ ] Driveway
- [ ] Large yard
- [ ] Good maintenance of building exterior
- [ ] Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability

1. Does the owner make repairs when asked? Yes ☐ No ☐
2. How many people live there? _____
3. How much money do you pay to the owner/agent for rent? $ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave ___
6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy) Address of Inspected Unit

Type of Inspection Initial Special Reinspection

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page Yes ☐ No ☐

ATCAA
Amador Tuolumne Community Action Agency
People Helping People

Client Survey
Revised 1-2020

Office Use only	
Program:	
Office:	☐ Ama ☐ Tuo
Date:	

We value your input! Please help us to understand families' resources and needs by answering the following demographic questions regarding education, employment, housing, healthcare and other basic needs.

1 **What County Do You Reside In?** ____ Amador ____ Calaveras ____ Tuolumne

2 **Gender** ____ Male ____ Female ____ Other

3 **Age** ____ Under 18 ____ 18-24 ____ 25-44 ____ 45-54 ____ 55-59 ____ 60-64 ____ 65-74 ____ 75+

4 **Ethnicity** ____ Hispanic, Latino, or Spanish Origins ____ **Not** Hispanic, Latino or Spanish Origins

5 **Race:** ____American Indian/Alaska Native ____Asian ____Black/African American ____White/Caucasian
____Native Hawaiian/Pacific Islander ____Other ____Multi-Race (two or more of the above)

6 **How did you hear about ATCAA?** ____ Friend/Family ____ ATCAA Staff ____ Advertisement ____ Referral ____ Other

7 **Have you used our services in the past?** ____ Yes ____ No

8 **If yes, which services have you used:** ____ Housing/Smart Money ____ Energy/Weatherization ____ Youth/Prevention
____ Family Resources/Therapy/Literacy ____ Family Learning Center/Promotores ____ Early/Head Start ____ Food Bank

9 **How would you rate your overall satisfaction with ATCAA services?** ____ **Excellent** ____ **Good** ____ **Fair** ____ **Poor**

For questions 10-16 please choose up to 3 of your "greatest needs" or "biggest challenges" in any or all applicable categories

10. ADULT EDUCATION
- ____ After school/childcare options for parent(s)
- ____ Available evening/night/weekend courses
- ____ Broadband/Internet access at home
- ____ Computer Skills Training
- ____ Convenient public transportation hours/stops
- ____ Other_____

11. CHILD EDUCATION
- ____ Available counseling services
- ____ Available school resources (books, computers, etc.)
- ____ Broadband/Internet access at home
- ____ Proactive approaches to violence/bullying
- ____ Smaller class sizes
- ____ Other_____

12. EMPLOYMENT
- ____ After school/childcare options for parent(s)
- ____ Computer skills training
- ____ Convenient public transportation hours/stops
- ____ Help to improve job skills, training
- ____ Job search assistance
- ____ Other_____

13. HOUSING
- ____ Affordable housing
- ____ Housing repair programs
- ____ Housing weatherization services
- ____ Rental/mortgage assistance programs
- ____ Utility assistance programs
- ____ Other_____

14. HEALTH
- ____ Affordable Medical/Dental/Vision Insurance
- ____ Available food resources
- ____ Available health resources
- ____ Budget for a healthy diet
- ____ Mental health counseling services
- ____ Other_____

15. INCOME
- ____ Address credit issues
- ____ Pay off or reduce debt
- ____ Set up/maintaining a budget
- ____ Set up savings/retirement account
- ____ Understanding of money management
- ____ Other_____

16. OVERALL SUPPORT - RESOURCES/REFERRALS
- ____ Parenting Information
- ____ Life Skills Programs/Services
- ____ Food assistance/Meal programs
- ____ Nutrition Education/Healthy Eating
- ____ Emotional Abuse
- ____ Sexual Abuse
- ____ Substance Abuse
- ____ Affordable Child Care
- ____ Relationships/Resolving conflicts
- ____ Help applying for Social Security, SSDI
- ____ Help applying for WIC, SNAP, TANF, etc.

Comments Welcome: _____

May we contact you Email _____ Phone _____

Central Sierra Home SAFE

Rapid Re-Housing

Checklist: (Left side of file)

☐Client Summary

☐ Duplication of Benefits Certification

☐ SUMMARY OF HOME SAFE ASSISTANCE

☐TENANT RENTAL CALULATION WORKSHEET

☐Client Documentation Requirements:

- ☐All adult's drivers' licenses or ID
- ☐All family members' Social Security Cards
- ☐Verification of all income
- ☐Copy of Shut off Notice and/or eviction notice
- ☐Your most recent utility bill for proof of residency
- ☐Landlord's Name, Mailing address, Phone Number, Email, Fax Number

☐Current Lease or rental agreement (may be delivered at a later date)

☐Client/ Landlord Communication Documents

☐Recertification Forms

- ☐Housing Stabilization Plan
- ☐ASSESSMENT SUMMARY

Correspondence

- ☐Recertification Document Request
- ☐DISCONTINUATION OR DENIAL OF SERVICES

Central Sierra HOME SAFE

Homelessness Prevention & Rapid Rehousing

Head Of Household:		**Case Number:**	
Number in Family:		**Fair Market Value:**	
Monthly Income:		**Annual Income:**	
Current Address:		**Current Phone:**	

Household Consists of:
(Ex. Mom, Dad, w/ 2 children)

Trigger Crisis:
(Ex. Imminent eviction due to inability to afford rent)

Risk Factor Include:
(ex. Criminal Background, Pregnant)

Sustainability Plan:
(ex. TBD after stabilization of crisis. Recent employment will sustain after housing cost are stabilized)

Landlord agrees to accept rent payments from ATCAA.

Appendix I

Duplication of Benefits Certification

INSTRUCTIONS

This certification is divided into three (3) components:

1. Assistance received from government, bank, and any and all other housing assistance received by or anticipated to be received by the family/individual
2. Attachments
3. Signature(s)

This form is intended to summarize all potential housing assistance you currently receive or anticipate receiving in the next *FY 2022/2023* If you are not currently and do not anticipate receiving housing assistance in the next 16 months, you should check the box at the top of Part 1 and skip to Part 3.

Part 1. Government, Bank, and Other Funding Sources Duplication of Benefits Certification

This certification must be completed by all applicants that will receive any assistance from the ESG-CV funded ESG-CV being offered by the Amador Tuolumne Community Agency. The information within this certification will provide ATCAA with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

Please indicate the amount of funds received from any and all sources of housing assistance funds that you have received or anticipate receiving including, but not limited to assistance such as rent payments, security deposits, utility payments, moving costs, and back rent. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants.

No Current or Anticipated Housing Assistance

☐ My household does not currently receive or anticipate receiving other housing assistance.

Source of Funds #1

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐ **Government Loan** ☐ **Government Grant** ☐ **Government Forgivable Loan** ☐ **Nonprofit Grant** ☐ **Nonprofit Forgivable Loan** ☐ **Other:**_____	

Source of Funds #2

Grant Provider Name	
Purpose / Specific Use	
Amount	
☐ **Government Loan** ☐ **Government Grant** ☐ **Government Forgivable Loan** ☐ **Nonprofit Grant** ☐ **Nonprofit Forgivable Loan** ☐ **Other:**_____	

Part 2. Attachments

Attached to this certification are copies of the following:

1. Award letter or other documentation for each source of assistance received from other programs or summary of award(s) received
    a. If award letter is not available, ensure all assistance is documented on this form and attach any supporting documentation (if available)
2. Documentation of use of funds.

Part 3. Signature(s)

By executing this certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Further, the applicant certifies that if they do not fully disclose all forms of housing assistance on this form, they may be required to return ESG-CV housing assistance and/ or be suspended from participation in this program.

Further, the applicant certifies that they will disclose any future rental, utility, security deposit or back rent or other financial housing assistance received within seven days to their case manager or other assigned individual.

Dated this the _____ day of _____, 20___.

_____ _____

Applicant Signature | Print Applicant name

_____ _____

Joint Applicant Signature | Print Joint Applicant name

Central Sierra HOME SAFE
Homelessness Prevention & Rapid Re-Housing

SUMMARY OF HOME SAFE ASSISTANCE

Client Name: _____ Client ID# _____

Start of Assistance: _____ Final Date of Assistance_____

Financial Assistance						
Rental Assistance						
Security Deposit						
Utility deposits						
Total Assistance						
Housing Relocation & Stabilization Services						
Case Management						
Outreach/ Engagement						
Housing search & Placement						
Legal services						
Credit Repair						
Total – Housing Relocation & Stabilization Services						

Amador Tuolumne Action Agency (ATCAA)

Tenant Rental calculation worksheet

Rapid Rehousing Services (Considered At Recertification)

Client Total Monthly Income	$
30% of Total Monthly income	$
Total Client Responsibility	$
Total Monthly Rent	$
Amount Paid by Client	$
Amount Paid by ATCAA	$

Central Sierra HOME SAFE
Rapid Re-Housing

Housing Stabilization Plan

DATE _____

NAME _____

GOALS FOR MONTHS OF _____

1. _____
   _____
   _____

ACTION:
_____
_____
_____

2. _____
   _____
   _____

ACTION:
_____
_____
_____

3. _____
   _____
   _____

ACTION
_____
_____
_____

Staff Signature_____ Client Signature_____

Rev. 1/3/2014

Central Sierra HOME SAFE
Rapid Re-Housing

ASSESSMENT SUMMARY

SHELTER/HOUSING:

_____

_____

_____

LEGAL ISSUES/COMMUNITY SERVICE/FINES:

_____

_____

_____

TRANSPORTATION:

_____

_____

_____

PHYSICAL HEALTH PROBLEMS:

_____

_____

_____

MENTAL HEALTH ISSUES:

_____

_____

Counselor: _____ Telephone #: _____

JOB/CAREER:

_____

_____

_____

LITERACY/VOCATIONAL TRAINING:

_____

_____

_____

PARENTING/CHILDCARE:

_____

_____

_____

OUTSTANDING DEBTS/PAYMENTS:

_____

_____

_____

DOMESTIC VIOLENCE:

_____

_____

_____

Central Sierra HOME SAFE
Homelessness Prevention & Rapid Rehousing

HOME VISIT

Date:		Applicant:	
Case Manager:		Follow up date:	
Inform resident of what will be happening at this meeting. Discuss Confidentiality.			
1. Is the house clean?			
2. Is there adequate food in the house?			
3. Anything in the house in need of repair?			
4. Are you in need of household Items? (Kitchen ware Bedding)			
5. Have the living arrangements changed? (any one move in or out of Home)			
6. Is anyone having visitors over regularly?			
7. Does everyone have their Rent monies for next month?			
8. is Everyone's income the same or have there been changes?			
9. is anyone having trouble roommates? Neighbors? Landlord?			
10. Is anyone planning on moving?			
11. what are some future plans and goals?			
Job Search?			
Housing Search?			
Schooling?			
12. are there any transportation Issues?			

Discuss Issues found during home visit. Remind all residents if they are having trouble with their rent, bills, Roommates, Landlord or Neighbors, call us first before the situation gets out of control. Inform residents that the Landlord will be contacted for follow up on tenant compliance with lease.

Outcome:

Client signature: _____ Date: _____

Central Sierra Home Safe Program

Recertification Document Request

Date: _____

Client Name: _____

Case Number: _____

Due Date: _____

It is time for your re-certification for the Home Safe Program.

Please provide the following documents to your case manager by the requested due date. Failure to provide these documents by requested due date may result in disqualification from program.

- Verification of **ALL** household income (Passport to Services, Pay Stubs, Etc.)
- Most recent bank statements (Checking & Savings)
- Most recent Utility Bill (proof of residency)
- If unemployed, a list of places that you have applied for a job
- Household Residency Changes (Persons moved in/out of Household)
- Any other changes

You may physically drop off the documents requested to the office secretary at address below or Email with subject line: re-certification and last name. Your case manager will review all documentation and complete the remaining recertification process by phone.

If you have any questions, please feel free to contact me.

Thank You,

First & Last Name
Title
Organization Name
Organization Address
Phone
Email

AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY
Central Sierra HOME SAFE

DISCONTINUATION OR DENIAL OF SERVICES

NAME: _____CASE#:_____DATE:_____

Case Discontinuation:_____ Denied Services:_____ Suspended:_____ Date:_____

REASON: (please check all that apply)

____ Successful completion of program

____ Agency unable to make contact, no response for 30 days

____ Household not - - or no longer - - eligible for services

____ Continuous non-compliance with program requirements

____ Misrepresentation of circumstances, income, housing status

____ Abusive language or behavior toward ATCAA staff

____ Pending incarceration that puts occupancy/rental at risk

____ Other (please specify)

If you would like to dispute the discontinuation or denial, please call one of the following:

- Housing Resources Director Denise Cloward (209) 223-1485, ext. 263
- Housing Resources Deputy Director Amy Lane (209) 533-1397, ext 251

You may also submit a letter if postmarked within 10 days of receipt of this notice to:
ATCAA Housing Resources
10590 Highway 88
Jackson, CA95642

You may also post a complaint to ATCAA's website at: www.atcaa.org and you will be provided ATCAA's Community Complaint Procedure via email.

Completed by: _____ Date:_____

Approved by:_____ Date:_____

Client notified by Notified by: (circle) Phone Letter

Date of notification: _____

Rev. 03/06/19

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Amador Tuolumne Community Action Agency

Notice of Occupancy Rights under the Violence Against Women Act[1]

To all Tenants and Applicants
The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[2] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Amador Tuolumne Community Action Agency (ATCAA)** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants
If you otherwise qualify for assistance under **Amador Tuolumne Community Action Agency (ATCAA)** you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants
If you are receiving assistance under **Amador Tuolumne Community Action Agency (ATCAA)** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Amador Tuolumne Community Action Agency (ATCAA)** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household
HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

---

[1] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.
[2] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.
HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.
You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault,

or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.

- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted, and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted, and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:
1) Would occur within an immediate time frame, and
2) Could result in death or serious bodily harm to other tenants or those who work on the property.
If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws
VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.
Non-Compliance with The Requirements of This Notice
You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[the local HUD Field Office located at One Sansome Street #1200, San Francisco, California 94104.**.
For Additional Information
You may view a copy of HUD's final VAWA rule at **https://www.federalregister.gov/.../violence-againstwomen-reauthorization-act-of-2013-**
Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.
For questions regarding VAWA, please contact Occupancy Department (209) 557-2000 For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Operation Care (209)223-2897**
For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.
For help regarding sexual assault, you may contact **Operation Care (209)223-2897**
Victims of stalking seeking help may contact **Operation Care (209)223-2897 Attachment:** Certification form HUD-5382 **(available upon request)**

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's):_____

4. Name(s) of other family member(s) listed on the lease:_____

_____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed):_____

_____

7. Relationship of the accused perpetrator to the victim:_____

8. Date(s) and times(s) of incident(s) (if known):_____
_____

10. Location of incident(s):_____

In your own words, briefly describe the incident(s): _____ _____ _____ _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's)_____

3. Name(s) of other family member(s) listed on the lease:_____

_____

4. Name(s) of other family member(s) who would transfer with the victim:_____

_____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim:_____

7. Name of the accused perpetrator (if known and can be safely disclosed):_____

8. Relationship of the accused perpetrator to the victim:_____

9. Date(s), Time(s) and location(s) of incident(s):_____

_____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

_____

_____

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____Signed on (Date) _____

Lead Screening Worksheet

About this Tool

The *Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. ESG staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file. Please see the *ESG Lead-Based Paint Requirements Summary* for additional information.

INSTRUCTIONS

To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

BASIC INFORMATION

Name of Participant

Address Unit Number

City

State Zip

ESG Program Staff

PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is <u>not</u> triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

   ☐ Yes ☐ No

2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

   ☐ Yes ☐ No

STOP HERE IF ANSWERED - NO TO QUESTIONS 1 & 2

PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?

   ☐ Yes ☐ No

2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

   ☐ Yes ☐ No

3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?

   ☐ Yes ☐ No

4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?

   ☐ Yes (Obtain documentation for the case file.)

   ☐ No

5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).

   ☐ Yes ☐ No

   Please describe the exemption and provide appropriate documentation of the exemption.

PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at: http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?

   ☐ Yes ☐ No

2. Were any problems with paint surfaces identified in the unit during the visual assessment?

☐ Yes ☐ No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
   - 20 square feet on exterior surfaces ☐ Yes ☐ No
   - 2 square feet in any one interior room or space ☐ Yes ☐ No
   - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim ☐ Yes ☐ No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?

   ☐ Yes ☐ No

2. Have all identified problems with the paint surfaces been repaired?

   ☐ Yes ☐ No

3. Were all identified problems with paint surfaces repaired using safe work practices?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

continued…

4. Was a clearance exam conducted by an independent, certified lead professional?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

5. Did the unit pass the clearance exam?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

   Note: A copy of the clearance report should be placed in the program participant's file.

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE

I, _____(print name)_____, certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at ___(property address and unit number)___ on ___(date of assessment)____ .
- No problems with paint surfaces were identified in the unit or in the building's common areas.

_____
(Signature)

_____
(Date)

Client Name: _____

Case Number: _____

ESG Lead-Based Paint Document Checklist

About this Tool

The following checklist provides ESG grantees with an overview of common documents that can be used to verify compliance with the Lead-Based Paint Poisoning Prevention Act. Note that this checklist does not cover all of the documentation that providers would want to include in all instances. For example, additional documentation may be required if the property is found to meet exemptions listed under Part 2 of the Lead Screening Worksheet.

DOCUMENT NAME	PURPOSE	✓
Application	Documents age of children	
Screenshot of property record from online tax database	Documents age of property	
Lead Screening Worksheet	Documents exemptions (additional documentation will vary based on exemption)	
Lead-Based Paint Visual Assessment Certification	Documents that a visual assessment was conducted and problems with paint surfaces were not identified	
Owner Certification (if applicable)	Documents owner certification that any identified problems with paint surfaces have been repaired and that safe work practices were followed, as applicable	
Clearance Report (if applicable)	Documents that unit passed clearance	
Documentation of ongoing maintenance activities: • Visual Assessment Certification Forms • Clearance report from each maintenance job involving painted surfaces above the de minimis threshold • Notice of lead hazard reduction for each maintenance job involving painted surfaces	Documents that a visual assessment is performed at least annually during the assistance period and that any deteriorated paint was appropriately addressed (including clearance and notice of lead hazard reduction)	
Documentation of response to EIBLL child: • Copies of risk assessment • Abatement or clearance report • Relocation documents • Correspondence with health department	Documents that if an EIBLL child was identified in the unit, the situation was addressed in accordance with the Lead Safe Housing Rule.	

Instructions for Property Owners with Tenants Receiving ESG Assistance

About this Tool

This tool summarizes and outlines responsibilities of property owners/managers under Lead-Based Paint Poisoning Prevention Act of 1973 (24 CFR 35). Program staff should consider sharing this tool with property owners/managers to inform them of their responsibilities.

Lead-based paint remains a serious threat to children's health and well-being. Consider the following facts:

- An estimated 890,000 U.S. children have too much lead in their bodies.
- Nationwide, an estimated 38 million homes have lead-based paint.
- The most common sources of lead hazards are generated in a residential environment.

To better protect young children from the dangers of lead-based paint in their homes, the Department of Housing and Urban Development (HUD) has issued The Lead Safe Housing Rule (24 CFR 35). Under the new Homelessness Prevention and Rapid Re-Housing Program (funded under the American Recovery and Reinvestment Act of 2009), grantees administering ESG financial assistance must comply with the Lead Safe Housing Rule. ESG financial assistance includes short- and medium-term rental assistance, as well as one-time rent payments, rental and utility arrears payments, security deposits, utility deposits, and utility assistance. The rule applies to all units built before January 1978 in which children under the age of six years will be living in the next 12 months.

The Lead Safe Housing Rule affects ESG grantees and landlords in the following ways:

- The ESG grantee must conduct a visual assessment before assistance can be approved and annually thereafter during the period of assistance.
- All painted surfaces, interior and exterior, must be inspected for deteriorated paint (not just those surfaces within reach of a child).
- If deteriorated paint is identified, the paint must be stabilized. If the area of paint to be stabilized exceeds the "de minimus" level, [1] paint stabilization must be done by qualified workers using safe work practices. See Attachment 1. Note that ESG funds cannot be used for stabilization activities.
- Once work on the defective paint surface is completed and the surrounding area cleaned, a certified lead professional must conduct a clearance examination (if the area of deteriorated paint exceeded the de minimus level).[2] If the area of deteriorated paint did not exceed the de minimus level, the grantee

[1] Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

[2] A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.

will conduct a follow-up visual assessment. Note: The grantee and landlord should coordinate to identify a certified lead professional and schedule the examination.[3]

- The [ESG grantee (or) landlord] will pay for the first clearance examination.[4]
- If a unit fails the clearance examination, the landlord is responsible for re-cleaning the unit and hiring a certified clearance examiner to perform a second clearance.
- No ESG assistance can be provided until the unit passes the follow-up visual assessment or clearance exam, as appropriate.
- After work is complete, the landlord must provide a *Notice of Lead Hazard Reduction* to the resident. See Attachment 2.
- The ESG grantee will conduct an annual re-inspection for deteriorated paint throughout the course of the ESG assistance.
- As long as ESG assistance continues, the landlord is required to stabilize any deteriorated paint in a lead-safe manner. See Attachment 3.

The following resources are provided to help you implement these requirements:

- Attachment 1: Instructions on how to stabilize paint
- Attachment 2: Sample Notice of Lead Hazard Reduction
- Attachment 3: Instructions for Ongoing Maintenance

The ESG grantee will work with landlords to facilitate compliance. For more information, please contact _____ at _____.
Staff name Telephone Number

[3] To locate a certified lead professional in your area: (1) Call your state government (health department, lead poison prevention program, or housing authority). (2) Call the National Lead Information Center at 1-800-424-LEAD (5323). (3) Go to the US Environmental Protection Agency website at http://cfpub.epa.gov/flpp/ and click on "certified abatement/inspection firms."

[4] Note to grantees: ESG funds cannot be used for lead-based paint stabilization and clean-up work, however funds can be used to pay for one clearance examination. It is up to the grantee to decide if they wish to use funds for the exam. Based on their local decision, grantees should circle the appropriate response prior to providing this guidance to landlords.

ATTACHMENT 1: PAINT STABILIZATION INSTRUCTIONS

Repairing, removing, or maintaining lead-based paint improperly can spread lead-contaminated dust throughout the home. It is very important to use safe work methods when working on surfaces that may contain lead-based paint.

1. **Use qualified workers**. In homes receiving HUD assistance and where deteriorated paint exceeds the de minimus thresholds defined in Attachment 3, **paint stabilization must be done by workers who are specially trained in lead safe work practices**. Alternatively, the workers may be supervised by a state-certified abatement supervisor. The ESG grantee can help you identify properly trained contractors. Note, the use of qualified workers is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds, though use of lead-safe work practices is always recommended.
2. **Use the proper equipment**. You will need the proper tools and supplies to do the job correctly. In addition to tools such as scrapers and putty knives, it is important to have: A HEPA vacuum (a vacuum equipped with a very fine filter capable of filtering very small particles of lead); double-sided mop bucket and mop; a good household detergent; ample disposable paper towels or rags; plastic sheeting; tack cloth; disposal waste bags; wet sanding blocks; and misting bottle filled with water.
3. **Set up the work area properly**. The key is to contain the dust and debris created by the work. Create a barrier between the work area and the rest of the house. Use plastic sheeting over the doorways to seal off the area and protect the rest of the house from exposure. Work over a plastic drop cloth (never use cloth) to catch any debris created as a result of paint removal. Wear disposable shoe covers and remove them before exiting the work area, or step onto a tack cloth to remove paint chips and dust from the soles of shoes. Keep doors and windows closed to prevent dust from blowing and close off vents to central air or heating systems to avoid spreading dust to other parts of the house. Remove all furniture, or cover tightly with plastic sheeting. Do not allow children or pregnant women into the work area.
4. **Use safe work practices**. If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then safe work practices must be used. Never remove lead-based paint by dry-sanding, dry scraping or burning. Use power sanders, grinders, and planers only with a HEPA exhaust attachment. Using your misting bottle, wet the painted surface before sanding with a wet sanding block or scraping. Be sure to work over a plastic drop cloth to catch any large particles. Do not eat, smoke, or chew gum while working. Note, safe work practices are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.
5. **Clean as you work**. Be sure to wet clean the areas you are working on as you go along. Though it will be necessary to clean the entire house at the end of the project, it is important to clean as you work in order to keep lead-contaminated dust from spreading. Clean using a good household detergent. Rinse your cleaning utensils in clean water.
6. **Dispose of waste properly**. When the work is done, mist the plastic sheeting with water to keep down the dust. Roll the plastic sheet up, keeping the dirty side in. Pick up any paint chips or other debris that may have fallen elsewhere. Be sure to place all disposable items used in the repair and clean up into plastic waste bags. The bags must be tightly sealed and can generally be disposed of with the household trash.* Once the bags are sealed, do not reopen them.
7. **Obtain clearance**. If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then clearance must be obtained after the paint has been stabilized and the work area cleaned. The results of this test will tell you if your work practices and final cleaning have been effective at removing lead-contaminated dust. Clearance is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.

*Check with your State lead program to ensure there is no state regulation prohibiting disposal with household trash.

ATTACHMENT 2: SAMPLE NOTICE OF LEAD HAZARD REDUCTION

Property Address:_____
Today's Date:_____

Summary of the Hazard Reduction Activity:

Start Date:_____ **Completion Date**:_____

Location and type of activity. (List the location and type of activity conducted, or attach a copy of the summary page from the clearance report providing this information.)

_____

_____

_____

Date(s) of clearance testing:_____

Summary of results of clearance testing:

(a) _____ Clearance testing was not performed as paint stabilization did not exceed de minimus levels.

(b) _____ Clearance testing showed clearance was achieved.

(c) _____ Clearance testing showed clearance was not achieved.

List any components (e.g., kitchen-door, bedroom-windows) with known lead-based paint that remain in areas where activities were conducted.

_____
_____

Person who prepared this summary notice

Printed Name:_____ Signature:_____
Title:_____ Organization:_____
Address:_____
Phone:_____ Fax:_____

Owner:_____ Date:_____
(Give to Property Owner with work write-up)

If you have any questions about this summary, please contact _____ at _____.

ATTACHMENT 3: ONGOING MONITORING AND MAINTENANCE REQUIREMENTS

Property owners/landlords should take the following steps to ensure that paint is not deteriorating and creating lead-contaminated dust and paint chips, as it will help prevent children from being lead poisoned.

1. **Regularly Check Repairs for Deterioration, Paint Chips, and Dust**

   Property owners must monitor painted surfaces at least annually and at unit turnover. Check to see if:

   - New evidence of deterioration or paint failure is present.
   - The cause of the problem was corrected.

2. **Maintain Surfaces and Work Safely**

   - Stabilize deteriorated paint;
   - Use safe work practices and qualified workers for all maintenance activities;**

3. **Conduct Clean-Up and Clearance Activities**

   - Clean thoroughly after all maintenance work;
   - Seek clearance of the work area using a certified lead professional (risk assessor, clearance examiner, or lead sampling technician);**
   - If the work area does not pass clearance, re-clean and perform clearance again.

** **Note** – Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

Instructions for Residents Receiving ESG Assistance

About this Tool

This tool provides residents with an overview of the Lead-Based Paint Poisoning Prevention Act, the responsibilities of property owners/managers, and their rights as tenants. Program staff should consider sharing this resource with program participants living in units constructed prior to 1978.

The purpose of this notice is to inform you that because your home was built prior to January 1978, it may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

Your landlord should have already provided you with a pamphlet on lead poisoning prevention, as well as a disclosure form on the lead-based paint or lead-based paint hazards in your home. The attached handout - entitled *What Are the Sources of Lead in Your Home?* - provides important information. For additional information on lead-based paint and lead hazards, please call the National Lead Information Center at 1-800-424-LEAD or visit the web at:

- http://www.hud.gov/offices/lead/index.cfm; or
- http://www.epa.gov/lead/

Regulations under The Lead Safe Housing Rule helps to ensure that your home is safe for occupancy. In order for you to help keep your home safe, please notify the management if you see any paint that is chipping, peeling, flaking, or otherwise damaged.

The bottom of this page can be detached and submitted to the management to bring attention to any lead-based paint concerns.

Lead-Based Paint Concern

To _____
(Landlord/Property Management Company)

I am submitting this notice because I have observed the following:

☐ Paint in bad condition (chipping, peeling, flaking, etc.)

☐ Other _____

Location of Paint Concern:

☐ Exterior (location): _____

☐ Interior (location): _____

Name: _____

Address: _____

Date: _____

WHAT ARE THE SOURCES OF LEAD IN YOUR HOME?

There are four major sources of lead that can pose a health hazard to people in and around the home. The sources are:

1. **Lead-based paint.** Lead-based paint can be found in housing built prior to 1978. It can be a hazard, especially if it deteriorates or if it is disturbed during maintenance or through normal wear and tear. If lead-based paint is peeling, chipping, chalking, or cracking, it will create lead-contaminated dust that poisons children through normal hand-to-mouth activity. Children may also eat paint chips or chew on painted surfaces that are accessible to them, resulting in poisoning. Even lead-based paint that appears to be in good condition can be a problem if it is on surfaces that get a lot of wear and tear, such as door jambs and window tracks. It is important to remove the causes of deteriorating paint such as water leaks. Lead paint that is deteriorating can be repaired by repainting with a good latex paint or lead sealer.

2. **Lead-contaminated dust.** Lead-contaminated dust is created when lead-based paint is sanded or scraped during maintenance or repair, or just through every day wear and tear. When maintenance or renovations take place, the dust from these operations settles on surfaces such as floors, countertops, window-sills, and furniture. If the paint being worked on contains lead, the lead is deposited on surfaces as dust. Window tracks and door jambs can be another source of lead-contaminated dust. If these components rub during normal opening and closing, lead-contaminated dust can be created and deposited on surfaces throughout the home. Lead from work done on house exteriors can be tracked into the home, becoming an additional source of lead dust. After routine home maintenance or remodeling/renovation and painting, the home should be thoroughly cleaned to remove any dust that may be left behind because it may contain lead. Lead dust sampling should then be performed to verify that the cleaning was effective.

3. **Lead-contaminated soil.** Soil can become contaminated when exterior lead-based paint deteriorates and gets in the soil. Homes near certain industries such as smelters or battery manufacturers may have lead into the soil as a result of these operations. Past use of leaded gasoline has also left lead deposits in our nation's soil. Playgrounds and gardens should not be placed in areas where the soil is contaminated with lead. Soil can be tracked into the home so it is important for workers to clean shoes or remove them before entering the home.

4. **Lead-contaminated drinking water.** Drinking water can be contaminated with lead, regardless of the water's source. Many faucets in homes and on store shelves contain leaded components that can leach lead into the water. Leaded solder in household piping and leaded components in well pumps have been in use for many years, and continue to leach lead into the drinking water of thousands of homes even today. Many public water delivery systems still have old lead piping through which the water must pass before it reaches the home. Water with a high pH has a tendency to leach more lead than water with a neutral pH, and warm water leaches more lead than cold. Allow cold water to run before drinking.

The following are sources of information about lead-based paint in your home:

- *National Lead Information Center* (NLIC) is a clearinghouse for information on lead that provides copies of pamphlets, reports, and other resources. (1-800-424-LEAD)
- *Safe Drinking Water Hotline* provides information and assistance to the public on safe drinking water. (1-800-426-4791)

ESG Lead-Based Paint Property Owner Certification Form

About this Tool

The *ESG Lead-Based Paint Property Owner Certification Form* is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance *is* required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant's file.

INSTRUCTIONS

To prevent lead-poisoning in young children, the ESG program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving ESG assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?

   ☐ Yes ☐ No

2. Have all identified problems with paint surfaces been repaired using safe work practices?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

3. Was a clearance exam conducted by an independent, certified lead professional?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

4. Did the unit pass the clearance exam?

   ☐ Yes ☐ No

   ☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Name of Tenant	
Address	
Unit Number	
City	
State Zip	
Name of Property Owner/Manager	
Property Owner/Manager Signature	Date
Name ESG Program Staff	
ESG Program Staff Signature	Date

Understanding the Lead-Based Paint Requirements: Guidance for ESG Grantees

About this Resource
Childhood lead poisoning is a major environmental health problem in the United States, especially for low-income families in poor living conditions. If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain and nervous system, behavioral and learning problems (such as hyperactivity), slowed growth, hearing problems, and headaches. To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. This document summarizes the lead-based paint requirements and provides guidance for carrying out each step.

SECTION I: OVERVIEW OF REQUIREMENTS & APPLICABILITY UNDER ESG

The lead-based paint requirements exist to protect vulnerable families from potential health hazards. To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, H, J, K, M, and R. As agencies that provide assistance to and advocate on behalf of disadvantaged populations, it is important to understand that the lead rule is a tool that helps you ensure the safety and well-being of your clients. This guidance was developed to assist grantees and subgrantees in understanding how the lead-based paint regulations apply to ESG. Please refer to the regulations for additional information.

Under ESG, the rule is that a lead-based paint visual assessment must be completed for all units that meet the three following conditions:

- The household living in the unit is being assisted with ESG financial assistance (rent
- assistance, utilities assistance, utility/security deposits, or arrears).
- The unit was constructed prior to 1978.
- A child under the age of six is or will be living in the unit.

Under ESG, the lead requirements apply regardless of whether a household is remaining in an existing unit or moving to a new unit. The visual assessment must be completed prior to ESG assistance being provided, and annually thereafter.

Grantees and subgrantees (ESG program staff) are responsible for ensuring that property owners and managers meet the lead-based paint requirements. It may be helpful for grantees to think about the requirements in two categories:

1. Disclosure requirements. Disclosure requirements are triggered for ALL properties constructed prior to 1978. These requirements require that lessors (property owners or managers) provide tenants with:

• HUD's disclosure form for rental properties disclosing the presence of known and unknown lead-based paint;
AND
• A copy of the "Protect Your Family from Lead in the Home" pamphlet.

Both the disclosure form and pamphlet are available at:
http://www.hud.gov/offices/lead/enforcement/disclosure.cfm

As explained, this requirement actually relates to property owners/managers, but sharing this information with your clients (or ensuring they have received it) is an easy thing to do and will make your job easier. ESG assessments are an important opportunity to educate clients about the potential hazards related to lead and their rights as tenants. Informed tenants are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.

2. The Visual Assessment and Beyond.

[1] As explained in the ESG Notice, visual assessments for ESG funded units are only triggered under certain circumstances: [2]

- The leased property was constructed before 1978;

AND

- A child under the age of six will be living in the unit occupied by the household receiving ESG assistance.

Depending on the results of the visual assessment, additional steps may be required before assistance can be provided for that unit. In Section 2, this guidance will take a step-by-step look at what happens during and after the visual assessment.

Exceptions to the Rule

There are certain exceptions to the rule. Visual assessments by ESG staff are **not** triggered under the following circumstances:

- It is a zero-bedroom or SRO-sized unit;
- X-ray or laboratory testing of all painted surfaces by certified personnel has been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint;
- The property has had all lead-based paint identified and removed in accordance with HUD regulations;
- The client is receiving Federal assistance from another program, where the unit has already undergone a visual assessment within the past 12 months – e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears (note, in such cases, ESG staff are required to obtain documentation that a visual assessment has been conducted from the agency administering the other form of assistance for the ESG case file); **or**
- It meets any of the other exemptions described in 24 CFR Part 35.115(a).

If any of the conditions outlined above are met, ESG program staff simply need to document the condition by completing the *ESG Lead Screening Worksheet* (available on the HUD HRE) and placing a copy in the case file.

(Note: While grantees are required to document compliance with the lead rule, they are not required to use this particular screening worksheet or any of the other templates mentioned in this paper. These tools were developed as samples to assist grantees who may be looking for resources to use in their local programs.) Remember, regardless of these exceptions, all properties are still subject to the disclosure requirements.

[1] Note that visual assessments are sometimes called inspections – though the terms should not be used
interchangeably because they imply different levels of rigor, as explained later in this guidance.
[2] Note these requirements may be different for other HUD programs.

SECTION II: A STEP-BY-STEP GUIDE TO COMPLIANCE

As explained above, the lead-based paint regulations require certain responses to potential lead-based hazards. Some activities must be conducted by ESG program staff while others are generally conducted by property owners/managers. Regardless of who is the responsible party, ESG program staff should work closely with assisted households and property owners/manager to ensure that the activities described below have been conducted prior to approval of ESG assistance for that unit.
Program staff should consider sharing the following documents available on Homelessness Resource Exchange at www.hudhre.info with property owners/managers as well as residents to outline responsibilities and provide additional guidance:

- *Instructions for Property Owners Template*
- *Instructions for Residents Template*

ESG Program Staff Responsibilities

The following information outlines the steps that should be taken by ESG program staff:

1. ***Determine whether lead-based paint requirements are triggered.*** Prior to providing a household with ESG assistance, program staff must first determine whether lead-based paint requirements are triggered. To do this, they must determine whether the unit was built prior to 1978 and a child under the age of six is or will be residing in the unit. Program staff should complete the *ESG Lead Screening Worksheet* for the case file and document any exemptions.
If any exemptions are met, then lead-based paint requirements are not triggered and no further action is needed. A copy of the *ESG Lead Screening Worksheet* can be found on the Homelessness Resource Exchange at www.hudhre.info.

Determining the Age of the Unit

Program staff should use formal public records, such as tax assessment records, to establish the age of a unit. These records are typically maintained by the state or county and will include the year built or age of the property. In most areas, these records are available online. If you are uncertain where to find this information, a quick internet search should help you locate the data you need. In the search field, try combining your county name with one of the following phrases:

- "property tax records"
- "property tax database"
- "real property sales"

For example, if you enter "DC property tax records," the first search result is a public database that can be used to determine the age of a property located within the District of Columbia. Once you have found it, remember to bookmark the page for future reference!
Remember to print out a copy of the screenshot for the case file. If you have trouble finding this information online, contact your local Office of Tax and Revenue for assistance. If not available online, the information is public and can be requested from the local authorities. (Note, the taxing authority and the assessment entity may be separate governmental entities and office names vary by locality.)

2. ***Inform ESG client and property owner of the lead-based paint requirements and schedule visual assessment.*** Families living in poverty face many challenges, such as poor living conditions and

exposure to toxins such as lead-based paint. Since annual visual assessments are an ESG requirement, program staff should use the opportunity to educate families with young children about the dangers of lead-based paint. Program staff should ensure that clients know what to look for within their home (or as they are searching for a new unit).

Similarly, program staff should ensure that property owners/managers understand their responsibilities with regard to lead-based paint hazards so that they are also doing routine assessments to identify and repair deteriorated paint. Because HUD prohibits grantees and subgrantees from making payments directly to clients, program staff will have to be in touch with property owners/landlords to discuss payment and conditions related to payment, including lead-based paint requirements.

Because assistance cannot be provided until the visual assessment has been completed and the unit cleared, it is important for ESG staff to schedule the visual assessment as quickly as possible. The case manager should complete the screening worksheet (discussed above) upon determining household eligibility for ESG assistance and schedule the assessment immediately.

If subsequent conversations with the property owner reveal that the property meets an exception, than the assessment can be cancelled. However, it's better to get the assessment scheduled right away since lengthy delays could result in the loss of the unit (e.g., if the tenant is in arrears).

3. ***Conduct visual assessment.*** A visual assessment must be conducted prior to providing ESG financial assistance to the unit, and on an annual basis thereafter (as long as assistance is provided). Visual assessments must be conducted by a HUD-Certified Visual Assessor. It is important to note that a HUD-Certified Visual Assessor is not equivalent to a Certified Clearance Examiner.

Anyone may become a HUD-Certified Visual Assessor by successfully completing a 20-minute online training on HUD's website at: http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm.

The training teaches individuals how to identify deteriorated paint and how deteriorated paint must be treated. Grantees/subgrantees may choose to have their program staff complete the visual assessments, or they may procure services from a contractor. When determining how your agency will conduct the assessments, a primary consideration should be the availability of the staff/contractor to schedule and complete the assessments quickly. If program staff are being used to complete the visual assessments, your agency may find it helpful (i.e., less disruptive and more efficient) to identify specific days or blocks of time for completing visual assessments.

Note that if ESG financial assistance is being used to help a client move into a new unit, an inspection must also be conducted to ensure the unit meets the minimum habitability standards outlined on the ESG Notice.[3] In cases where both a lead-based paint visual assessment and a habitability inspection are required, the most efficient and cost effective solution would be to have the same individual complete both at the same time. Note that the cost of conducting visual assessments and habitability inspections are an eligible ESG expense under the Financial Assistance category.

4. ***Identify risks and compare to "de minimis" level.*** During a visual assessment, the assessor must determine the level of any identified problems with paint surfaces and compare it to the "de minimis" level.[4] Under the Lead act, the de minimus level is as follows:
   - 20 square feet on exterior surfaces;
   - 2 square feet in any one interior room or space; or

• 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim.

All deteriorated paint identified during the visual assessment must be repaired. However, if the area of paint to be stabilized exceeds the de minimis level, the use of lead safe work practices and clearance is required. If deteriorating paint exists but the area of paint to be stabilized does not exceed this level, then safe work practices and clearance are not required. If deteriorating paint is not identified, the unit can be cleared for assistance. Staff should document the level of identified problems with paint surfaces using the *Lead Safe Housing Requirements Screening Worksheet*.

5. Make assistance determination. If a visual assessment reveals problems with paint surfaces, program staff cannot approve the unit for assistance until the deteriorating paint has been repaired. At this point, program staff must make a decision: work with the property owner/manager to complete needed paint stabilization activities and clearance, work with the household to locate a different (lead-safe) unit, or refer the client to a different program if ESG assistance cannot be provided. Which option the grantee chooses will depend on a number of variables.

The following are some questions to consider when making this decision:

• Is ESG assistance being used to help the participant obtain a new unit or retain an existing unit? If the grantee is helping a household obtain new housing, there may be more flexibility with regard to the timeframe (i.e., there may be a few weeks between identification of the unit and the move-in date). Staff should conduct the visual assessment prior to the participant signing the lease so they can help negotiate any needed repairs.

• If ESG assistance is being used for prevention assistance, how much time is there to save the housing situation, and what is the relationship with the landlord? For participants that are housed but at imminent risk of homelessness (e.g., because they are several months behind on their rent), there may not be much time. If the landlord has already initiated eviction proceedings, he or she may or may not be willing to work with the household. Thus, it's important to contact the landlord directly and assess the situation.

• How appropriate is the current unit for the household? If the existing unit is not particularly suitable for the household – either because of cost, size, location, or some other reason – it may make more sense to focus on relocating the household.

• What is the condition of the local housing market? How expensive/difficult would it be to relocate the participant to a new unit? In contrast, how difficult would it be for the landlord to fill the unit if it was vacated? (Depending on the situation, you may have more or less leverage.)

• Are resources available to assist with the paint stabilization? ESG cannot be used for stabilization, so if the landlord is unwilling or unable to make the needed repairs, is there any other agency/program that can assist?

[3] The minimum standards for housing unit inspections are the housing habitability standards described in Appendix C of the ESG Notice. These standards apply only when a program participant is receiving financial assistance and moving into a new unit. They do not apply to persons served with ESG prevention assistance in a unit in which the program participants were already residing. The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. In contrast to HQS inspections, the habitability standards do not require a certified inspector. For example, ESG project staff or staff from or hired by an agency of the grantee's local government can conduct the

habitability inspection.
[4] De minimus is a Latin expression that, in the risk assessment world, refers to a level of risk that is too minimal to cause concern.

6. ***Confirm all identified deteriorated paint has been stabilized.*** Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, a clearance exam is not required. In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired and document the case file.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. (A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.) Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Local community development, housing, or health departments are often able to provide this testing. As noted above, ESG funds cannot be used for the repair/stabilization of lead-based paint hazards.

However, one clearance inspection is considered an eligible ESG expense (under the Financial Assistance category). If the unit does not pass the initial clearance inspection, ESG funds may not be used to pay for additional inspections.

Locating a Certified Lead Professional

To locate a certified lead professional in your area:
• Call your state government (health department, lead poison prevention program, or housing authority).
• Call the National Lead Information Center at 1-800-424-LEAD (5323).
• Go to the US Environmental Protection Agency website at http://cfpub.epa.gov/flpp/ and click on "certified abatement/inspection firms."

Program staff should also consider having the property owner/manager certify that all paint stabilization activities have been completed and ongoing maintenance will be conducted by filling out the *ESG Program-Owner Certification Template*, available on the Homelessness Resource Exchange at www.hudhre.info.

Response to a child with elevated blood leads levels. In cases where it is brought to the attention of program staff that a child under the age of six living in a ESG-assisted unit is found to have elevated blood lead levels, the response process established at 24 CFR 35.1225 takes effect, which includes a risk assessment and interim controls and information exchange with the health department.

Conduct ongoing lead-based paint monitoring. Program staff must conduct a visual assessment of the stability of painted surfaces on an annual basis during the assistance period.

Property Owner/Manager Responsibilities
The following information outlines the responsibilities of a property owner/manager:

1. ***Distribution of pamphlets and disclosure notice to occupants.*** For ALL units built prior to 1978, property owners/managers are required to provide lessees (tenants signing the lease) with:

• A copy of the "Protect Your Family from Lead in the Home" pamphlet; AND
• HUD's disclosure form for rental properties.

Program staff dealing with rental properties built prior to 1978 should ensure property owners/managers provide these documents to tenants. Program staff, in addition to owners/managers, may also choose to provide disclosure notices to the lessee (tenant signing the lease) on the potential existence of lead-based paint. Both the disclosure form and pamphlet are available at:
http://www.hud.gov/offices/lead/enforcement/disclosure.cfm

2. ***Perform paint stabilization.*** If a visual assessment reveals problems with paint surfaces, the property owner will be notified of the need for paint stabilization and assistance cannot be approved until corrective actions have been taken and the unit has achieved clearance (as appropriate per the identified de minimus level).

It is the responsibility of any property owner participating in the program to:

- Protect the residents and their belongings
- Repair the paint
- Conduct cleanup
- Address other lead-based paint-related concerns
- Obtain clearance (if deteriorated surface is more than the de minimis)

Failure by the property owner to fulfill their responsibilities on their own or with the assistance of the program prohibits the program from assisting a tenant in that unit.

3. ***Use safe work practices.*** If the area is larger than the de minimis level, safe work practices must be used. Examples of safe work practices include:

• Wet sanding or wet scraping;
• Protection of the worksite to keep lead dust from leaving the worksite or getting onto the resident's belongings; and
• Cleaning of the worksite with HEPA vacuuming and detergents.

If the area is smaller than the de minimis level, safe work practices do not have to be used. It is recommended, however, that all practices include:

- Surface preparation to minimize the amount of dust released (wet sanding or scraping is still recommended to minimize the release of dust); and
- Cleanup using conventional cleaning methods.

4. ***Obtain clearance.*** Property owners/managers must ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, a clearance exam is not required. In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired and document this in the case file.

If the area of paint to be stabilized exceeds the de minimus level, clearance by an independent, certified lead professional, such as a certified paint inspector, risk assessor, or sampling/clearance technician, is required. The clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint. Local community development, housing, or health departments are often able to provide this testing.

It is the property owners/managers' responsibility to obtain clearance. However, they may work closely with ESG program staff throughout this process. Specifically, ESG program staff can pay for the first clearance inspection using ESG funds. If the unit does not pass the initial clearance inspection, ESG funds may not be used to pay for additional inspections.

5. ***Provide Notice of Lead Hazard Reduction to tenants.*** Within 15 days of completion of the Lead Hazard Reduction activities, including paint stabilization, the property owner/manager must provide a Notice of Lead Hazard Reduction to tenants or post the notice in a common area where the tenants will see it. If applicable, the notice must contain the clearance results.

6. ***Conduct ongoing lead-based paint maintenance.*** The property owner/manager should assess the stability of painted surfaces periodically to ensure there are no lead-based paint hazards in the assisted unit, repairing any deteriorating paint as soon as it is identified.

SECTION III: RESOURCES

• Lead professionals, training providers, and HUD-sponsored Lead Safe Work Practices training listings can be accessed at www.leadlisting.org or 1-888-LEADLIST.
• For more information on the Federal training and certification program for lead professionals, contact the National Lead Information Center (NLIC) at: http://www.epa.gov/lead/pubs/nlic.htm or 1-800-424-LEAD to speak with an information specialist.
• The Lead Safe Housing Rule as well as a HUD training module to help recipients of CPD administered funds effectively implement the requirements of the Lead Safe Housing Rule in their programs can be accessed at: http://www.hud.gov/offices/cpd/affordablehousing/training/web/leadsafe/

Protect Your Family From Lead in Your Home

United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

March 2021

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right,* to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).

Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

Women of childbearing age should know that lead is dangerous to a developing fetus.

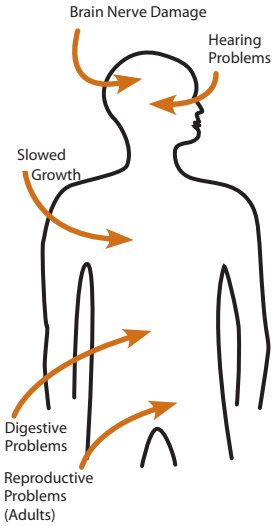
- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.[1]

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.[2]

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

[1] "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm^2), or more than 0.5% by weight.

[2] "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu g/ft^2$) and higher for floors, including carpeted floors
- 100 $\mu g/ft^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples

- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.[3]

[3] Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead–safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot (µg/ft^2) for floors, including carpeted floors
- 100 µg/ft^2 for interior windows sills
- 400 µg/ft^2 for window troughs

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*

RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.[4]
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as **"greta"** and **"azarcon,"** used to treat an upset stomach.

[4] In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

For More Information

The National Lead Information Center
Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323).**

EPA's Safe Drinking Water Hotline
For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline
For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772,** or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies
Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD.**

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC
4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact to Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD
451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

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U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

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IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).