



# **DuPage County Continuum of Care**

## **Emergency Solutions Grant Program Plan**

**Street Outreach, Emergency Shelter,  
Rapid Re-Housing & Homelessness  
Prevention**

**January 2026**

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## Emergency Solutions Grant Program Plan Purpose

This document provides a summary of The U.S. Department of Housing and Urban Development (HUD) Emergency Solution Grant (ESG) rules and agreed upon procedural guidelines for program implementation in DuPage County. The intent of this document is to provide a framework through which ESG funds will be used in DuPage County and how DuPage County Continuum of Care (CoC) agencies providing Emergency Shelter, Street Outreach, Rapid Re-housing (RRH), Homelessness Prevention (HP), and other targeted homeless programs coordinate services to meet Continuum objectives of making homelessness rare, brief and one-time in DuPage County.

The ESG Program Plan is intended to guide all ESG subrecipients, both County and State, in implementation of their respective ESG program. This document, in no manner, should be seen as an alternative to or replacement of HUD rules and guidance which can be found at: <https://www.hudexchange.info/>.

ESG specific information is maintained at: <https://www.hudexchange.info/programs/esg/>. This website is updated regularly by HUD, and it is the responsibility of each subrecipient to keep apprised of any and all new and revised guidance. Community Planning and Development (CPD) listservs help stakeholders stay informed about programs, competitions, awards, policy updates and more. Sign up for the CPD listserv and select the topics for which you would like to receive more information. To sign up, follow the link: <https://www.hudexchange.info/mailinglist/>

County subrecipients are given an opportunity to apply for ESG funds annually. Subrecipient Eligibility is subject to Community Development Commission Policy, the annual Action Plan, and 5-year Consolidated Plan.

State subrecipients submit applications following directives of the State ESG Recipient.

## Federal Impacts on Provision of ESG Assistance

HUD issued the 09/21/16 final rule entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs" The final rule, effective October 21, 2016, requires that recipients and subrecipients of HUD CPD funding, as well as owners, operators, and managers of shelters, and other buildings and facilities and providers of services funded in whole or in part by any HUD CPD program to grant equal access to such facilities, and other buildings and facilities, benefits, accommodations and services to individuals in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family.

DuPage County Continuum of Care housing and service providers have reviewed and considered the final rule and the impact the requirements will have on operations and best practices. Each provider has or is currently refining policies and procedures to ensure that equal access is available to all eligible individuals and families regardless of their actual or perceived sexual orientation and gender identity.

The VAWA Final Rule expanded housing protections for survivors of domestic abuse, dating violence, sexual assault, and stalking in CoC and ESG projects. The rule was created to help ensure all individuals

had access to a safe home without the fear of violence and to reduce the risk of homelessness among survivors. The Final Rule identifies the protections and rights outlined in the rule including the protection from refusal of assistance, termination of assistance, or eviction based on being a survivor. A survivor has the right to an emergency transfer when there is a safe and available unit and the option to bifurcate a lease to help keep a survivor safely housed. ESG providers will adhere to the most recent Community Development Commission Notice of Occupancy Rights Under VAWA Policy, adopt the DuPage County Consortium Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault and Stalking, and incorporate the VAWA Addendum for Homelessness Prevention and Rapid Rehousing providers.

In the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA" or "the Act"), Congress restricted immigrant access to certain public benefits but also established a set of exceptions to these restrictions. In 2001, after consulting with other Federal agencies, including HUD and U.S. Department of Health and Human Services (HHS), the Attorney General issued an Order reiterating the three-prong test established in PRWORA and specifying the types of programs, services, or assistance determined to be necessary for the protection of life or safety. Specifically included is, "short-term shelter or housing assistance for the homeless, for victims of domestic violence, or for runaway, abused, or abandoned children."

HUD has determined Street Outreach Services, Emergency Shelter, and Rapid Re-Housing are not subject to the Act's immigration-based restrictions. As such, DuPage County CoC ESG program resources will provide these programs without regard to immigration or U.S. residency status. ESG Homeless Prevention Assistance, however, is subject to the Act. PRWORA includes an exemption for nonprofit charitable organizations but not for government organizations. Title IV of the Act provides that nonprofit charitable organizations are not required under the Act to verify the immigration status of applicants for federal, state, or local public benefits. 8 U.S.C. § 1642(d). In order to ensure equal access and non-discrimination, if immigration or US residency status may become a factor in determining ESG eligibility for an applicant household, a non-exempt subrecipient shall promptly facilitate a transfer of the application to an exempt subrecipient. For more information, subrecipients or stakeholders may refer to HHS, HUD, and DOJ joint-agency letter: [https://acf.gov/sites/default/files/documents/fysb/doj\\_hhs\\_hud\\_letter.pdf](https://acf.gov/sites/default/files/documents/fysb/doj_hhs_hud_letter.pdf)

## **Components of the Emergency Solutions Grant**

In DuPage County, the Consolidated Planning Process and Citizen and Agency Participation are organized and conducted in close coordination with the DuPage County Continuum of Care. This process includes ESG as well as non-ESG funded programs. The Consolidated Planning process assesses the community's homeless assistance and housing needs, examines available resources, sets 3-5 year strategies, and develops an annual action plan to meet priority needs with citizen's participation and consultation with various organizations, including the DuPage County CoC.

The Emergency Solutions Grant provides a variety of supports (*See Eligible Supports for Emergency Solutions Grant*) to achieve the following five assistive elements: 1) engaging homeless individuals and families living on the street; 2) improving the number and quality of emergency shelters for homeless individuals and families; 3) helping operate these shelters while providing essential services to shelter residents; 4) rapidly re-housing homeless individuals and families; and 5) preventing individuals and families from becoming homeless.

DuPage County's ESG programs consist of: Street Outreach, Emergency Shelter, Rapid Re-housing, Homelessness Prevention, and the Homeless Management Information System (HMIS).

## Street Outreach

Street outreach is currently provided through emergency shelter providers with established targeting and essential services procedures. Street outreach teams reach out to unsheltered homeless persons to connect them with emergency shelter, housing, and/or critical services, and provide them with urgent, non-facility-based care. One shelter provider has an active street outreach program, funded by ESG; one shelter provider has an active outreach program for unsheltered veterans referred and engaged during site visits to veteran service facilities. Street and site outreach providers participate on the CoC Service and Program Coordination Committee, establishing best practices for meeting the needs of the homeless in DuPage County. Standards for targeting unsheltered persons and providing essential services related to street outreach are maintained by the providers according to the program scope of services in the following ways:

Street outreach teams target and locate unsheltered persons through leads that may include concerned citizens; community businesses; community-based organizations; local authorities including police, schools, heating and cooling centers, government agencies; veterans' facilities and services; and by observation of persons at local areas known to attract homeless persons and seen sleeping in vehicles overnight or in other places not meant for human habitation. Street outreach is mapping the sites where persons have been contacted or observed and collecting information from community sources toward refined targeting.

Street outreach teams initiate contact with referred or observed persons, determining eligibility (unsheltered homeless persons) through self-report or direct observation by outreach teams. Street outreach is an essential access point in the Continuum of Care's Coordinated Entry System (CES). Street outreach covers the entire geographical area of DuPage County and ensures, to the best of its ability, that non-sheltered, chronically homeless persons are engaged in and remain engaged in the CES even if they repeatedly decline housing services.

Activities include initial assessment of needs and eligibility; providing or obtaining immediate crisis counseling; addressing urgent physical needs such as, meals, blankets, clothing, and toiletries; and actively referring/connecting to homeless assistance, mainstream social services, veteran services and housing. Housing programs may include emergency shelter, transitional housing, permanent supportive housing, and rapid re-housing programs. Transportation is provided as needed.

Street outreach contacts are entered into the Homeless Management Information System (HMIS) adding client information if and as it becomes available. Street Outreach is required to record both contacts<sup>1</sup> and engagement<sup>2</sup> dates. It is not until the client is engaged that the full assessment must be completed. There should be no more than one engagement date per enrollment, but at minimum there must be one contact if not more. Contact information in HMIS and case notes will at minimum include eligibility,

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<sup>1</sup> A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the Street Outreach worker and the client about the client's well-being or needs or may be a referral to service. In other words, any and every meaningful interaction, no matter how small.

<sup>2</sup> Date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The date of engagement should be entered into HMIS at the point that the client has become engaged.

It may be on or after the project entry date and prior to project exit. If the client exits without becoming engaged the engagement date should be left blank.

referral source, service transactions with specific provisions of basic needs, information and referrals, direct connection to housing, and outcome of each contact.

***Data Collection Challenges:*** A street outreach project is likely to encounter difficulty engaging homeless persons. Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time by editing data in an HMIS as they engage the client. The initial entry may be as basic as the project entry date and a de-identified name that would be identifiable for retrieval by the worker in the system. However, Street Outreach projects are prohibited from establishing protocols that only require outreach workers to collect minimal client data. Over time, outreach workers must attempt to collect all data required for street outreach projects and edit recorded data for accuracy as the worker learns more about the client.

***De-Duplication of Client Records:*** Local protocols should be established to determine how coordination among street outreach projects effectively manage the identification and data collection of clients. In a smaller CoC, it may be possible to coordinate street outreach efforts and reduce duplication of client records through case conferencing or other efforts to coordinate outreach services. The use of temporary de-identified names should not be an excuse for excessive duplicate clients or poor data quality. Street Outreach projects and local HMIS leadership should work together to minimize the use of de-identified names and attain high data quality.

***Project start vs enrollment:*** For Street Outreach projects, the project start date is the date of first contact with the client. The project start date is a required UDE that indicates when a client has joined the project.

***Contacts:*** A street outreach project is expected to record every contact made with each client in the HMIS via 4.12 Current Living Situation. A contact is defined as an interaction between a worker and a client designed to engage the client. Contacts may include activities such as a conversation between the street outreach worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, a phone call, or a referral to another community service. A contact must be recorded anytime a client is met, including when an engagement date or project start date is recorded on the same day.

***Engagements:*** Per the HMIS Data Standards and by agreement across all federal partners, an engagement date is the date when an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The date of engagement should be entered into HMIS at the point when the client has been engaged by the outreach worker. This date may be on or after the project start date and must be prior to project exit. If the client exits without becoming engaged, the engagement date should be left blank. If the client was contacted on the date of engagement, a contact must also be entered for that date.

***Data Quality:*** Reporting to HUD on data quality for street outreach projects is limited to clients with a date of engagement. Therefore, it is important that outreach workers record the engagement date and also review all of the UDE and applicable Common Program Specific Data Elements for completeness and accuracy. The Date of Engagement coincides with the requirement for HMIS data quality, therefore all UDE should be entered into HMIS at or before the Date of Engagement.

***Project Exit:*** Project exit represents the end of a client's participation with a project. Clients are exited from street outreach programs when engaged with homeless assistance providers in temporary or permanent housing, or after contact is lost for more than 30 days.

Essential services and activities related to street outreach include the case management process of using the Coordinated Entry System. The street outreach entry in HMIS is not prioritized for housing interventions until sufficient assessment information is obtained. Additional information regarding Street Outreach data collection instructions is available at:

<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>

Verifying and documenting eligibility; counseling; developing, securing, and coordinating services; obtaining public mainstream benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning for permanent housing stability will be provided by street outreach teams directly or referred to appropriate homeless assistance providers, according to the street outreach program scope of service.

Street outreach teams will directly connect interested unsheltered homeless persons to homeless assistance providers and social service providers in accordance with the accepted CoC coordination of services plan, providing transportation to the resource as needed. Persons of special populations will be connected to providers according to program specific guidelines. In situations of immediate crisis needs such as, severe mental illness and behavioral episodes that may result in harm to the individual or others, substance abuse induced episodes, and/or physical health crisis, the street outreach teams will directly contact DuPage County Health Department crisis line, local police, or emergency medical providers, on behalf of the individual. Street outreach teams encountering single, unaccompanied youth under the age of 25 will contact local police and or Illinois Department of Children and Family Services (DCFS) for appropriate intervention.

Site outreach teams directly connect willing unsheltered homeless persons to the appropriate homeless assistance and social service providers according to program specific guidelines and the accepted CoC coordination of services plan, providing transportation to resources as needed. Immediate crisis needs as stated above, will be met by the team if qualified, or connected directly to appropriate emergency assessment and treatment providers.

Follow up contacts between street and site outreach teams toward relationship building, assessment, and referral to services, will be conducted in public places as selected or agreed on by the homeless persons, for the safety of the homeless persons and the street outreach and site outreach teams.

## **Emergency Shelter**

Emergency shelter is currently provided in DuPage County, funded with ESG and/or other funding sources, to meet the needs of homeless persons/families including veterans, victims of domestic violence, and unaccompanied youth. A transitional housing program in DuPage also meets the criteria for ESG shelter funding. There are five active shelter providers within DuPage County.

The shelter providers conform to the CoC coordination of services plan, participate in CoC planning, and enter data in HMIS unless using a comparable database for domestic violence shelters. All shelter providers have written or verbal Release of Information to assist in referrals to other providers. Shelter providers will ensure that all clients are aware of their adopted Privacy Policy, have access to it, and are notified of their rights regarding data sharing.

Shelter providers meet the local health and safety inspection requirements for the facilities and services offered, and meet minimum safety, sanitation, and privacy standards as specified in [24 CFR 576.403\(a\)\(b\)](#) when funded by ESG for shelter operations or renovations. Emergency shelter providers participate on the CoC Service and Program Coordination Committee, establishing best practices for meeting the needs of the homeless in DuPage County. State Subrecipients must submit documentation verifying that the shelter facility has passed an inspection by a local or state fire department within the last 12 months. Verification of a passed inspection by a local or state health department must be provided, as well, if meals are prepared by shelter staff.

In addition to providing shelter supports, shelter sites will introduce the coordination and prioritization process to those who are literally homeless. Protocol includes a standard authorization to share information. A standard demographic assessment is entered into HMIS and a standard assessment, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), is completed 7 or more days after shelter entry to determine the severity of need. This information is used to prioritize persons into the housing which best fits their needs. Tools used: Severity of Need Triage Tool, Client Consent to Participate, Homeless Management Information System, and Determination of Chronic Homelessness.

The CES does not delay access to Emergency Shelter to the extent that shelter is available.

ESG funded emergency shelter activities include provision of essential services to individuals and families in shelter; renovation of shelter facilities; and shelter operations.

## Essential Services

Essential services are provided by the DuPage County shelters whether funded by ESG and/or other funding sources. Essential services may include case management, childcare, education services, employment services and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation. Services for special populations include homeless youth, victims of domestic violence, and services for people living with HIV/AIDS. Program/provider specific policies may require participation in the essential services offered.

*Case management* is provided by all shelter providers and includes: an initial assessment of needs with continuous program/specific reassessment points throughout the shelter stay; counseling; assistance with obtaining public benefits – completing applications, accompanying clients to offices, or providing transportation to the offices, obtaining needed documentation to complete the application process; monitoring participant progress toward self-sufficiency; prioritizing needs as circumstances change during the program participation; establishing a housing stability plan; and providing information, referral, and connection to housing providers.

*Education services* are provided directly by shelter providers or referrals and connections to these services are made available to program participants, as needed, especially to remove barriers to sustained housing. These may include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language (ESL), GED, and tenant/landlord issues. Shelter providers coordinate with the Illinois State Board of Education Homeless Liaisons, to ensure that the educational needs are met for school-age youth participating in the program, in accordance with the McKinney-Vento Act as amended by the Every Student Succeeds Act (ESSA) of 2015.

*Employment assistance*, in the form of job seeking skills at minimum, is provided directly by shelter providers and referrals and connections to other resources are made available to program participants for specific needs identified beyond those provided at the shelter.

*Legal services* are made available by all shelter providers to participants through referral and connection to Prairie State Legal Services primarily, and other resources for legal services as needed.

*Life skills training* is provided by all shelter providers and may include budgeting, money management, household management, conflict resolution, shopping practices, nutrition guidance, use of public transportation, and parenting, as appropriate to the participant.

*Transportation* is provided by all shelter providers in the form of vouchers, gas cards, bus/train passes, taxi vouchers, staff transport, and donated cars. Limits on amounts, types, and uses are program/provider specific.

### **Admission, Diversion & Discharge**

Shelter providers have written procedures for admission, diversion, referral, voluntary and involuntary discharge, and coordination with homeless assistance providers within the CoC.

**Admission** policies are program/provider specific; all shelter providers use an intake process by phone or walk-in, and three agencies will send staff out to meet with potential participants in public places. The Homelessness Eligibility and Verification form located in the appendix has been developed to document verification and eligibility for assistance. Additionally, ESG regulations allow for records contained in an HMIS as acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made. Entry into the shelter system is coordinated through self-referral, walk-in, referral from other shelter and homeless prevention providers, and referral through community based homeless assistance providers, social service agencies, public-benefit providers, and other resources throughout DuPage County.

An initial assessment is conducted that includes verifying and documenting eligibility for the program. Homeless persons found to be ineligible for the program are referred to other appropriate resources and provided transportation to those resources where the individual/family is willing to accept that referral. Persons admitted to shelter are assessed for entry into the CES in accordance with current CES procedures. Length of stay standards are program/provider specific and detailed within the provider policy/procedures manuals. Safeguards to meet the safety and shelter needs of special populations – victims of domestic and other violence, are program/provider specific. In instances where the shelter is unable to provide safeguards for the safety of program participants already in the shelter, or those requesting admission, referrals, and connection to the domestic violence shelter providers for appropriate alternatives are provided.

**Diversion** practices are program/provider specific; all shelter providers refer and connect appropriate homeless individuals/families to housing assistance providers for permanent supportive housing, rapid re-housing, and tenant rental assistance, and/or develop a temporary housing situation with family or friends to avoid entry into the homeless services system.

**Discharge** practices are program/provider specific; all shelter providers post and/or provide participants with written notice of required behaviors, rules, or expected conduct for all participants while in the shelter

program and consequences of disregard. Successful discharge is defined as moving into permanent or temporary housing, living with family or friends, or accessing a facility that is better suited to the client's individual needs.

Where possible, voluntary and involuntary discharges include planned next steps for the participant, referrals and information to housing assistance providers and community-based agencies for social services, follow up procedures, and the shelter provider's policy for continued assistance in the case of return to homelessness or the participant's inability or unwillingness to remain within the program.

Unplanned discharges are experienced by all shelter providers and there are program/provider specific practices for these instances. All shelter providers are continually assessing participants' needs and progress, providing information and guidance on next steps throughout the shelter stay. Should the participant become unable or unwilling to continue in the program, some knowledge has been provided. The person or household who has been discharged no longer has an open entry to emergency shelter in HMIS.

## **Shelter Renovation & Operations**

Shelter Renovation is an ESG funded activity for buildings owned by government entities or non- profit organizations. The renovation may include rehabilitation or conversion of a building into an emergency shelter. DuPage County ESG funds are not used for this purpose. State ESG funds may be available.

## **Shelter Operations**

Are funded by ESG for the cost of maintenance, rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless individual or family a hotel or motel voucher for that individual or family is included. DuPage County ESG funds are not used for shelter operations. State ESG funds are available for that purpose.

## **Homelessness Prevention**

Homelessness Prevention under ESG may include assistance in the form of short-term and medium- term rental assistance, rental arrears, rental application fees, security deposits, and other housing needs to prevent them from moving into an emergency shelter or place not intended for human habitation.

Written policies and procedures are found in the Consistent Procedures and Policies, Outreach and Coordination of Services, and Procedural Guidance, sections below. As of the date of this Plan, Homelessness Prevention funds were not available through State funding.

## **Rapid Re-Housing**

Rapid Re-housing under ESG may include assistance in the form of short-term and medium-term rental assistance as needed to help persons living in an emergency shelter or other place not meant for human habitation. In the Coordinated Entry System, those literally homeless persons who scores recommend short-term interventions or rapid re-housing will be added to the prioritization process. Those who have found a unit to rent and can obtain sufficient income in the future to sustain housing will be referred to a rapid re-housing provider for additional eligibility determination, assessment of needs and service provision. Written policies and procedures are found in the Consistent Procedures and Policies, Outreach and Coordination of Services, and Procedural Guidance sections below.

## **Homeless Management Information System (HMIS)**

Homeless Management Information System (HMIS) is our local information technology system used to collect client-level data, resource data, data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. All funded provider agencies within the Continuum of Care Homeless Provider Program, with the exception of domestic violence shelter and service providers, are required to complete client- level data entry into HMIS and follow other procedures outlined in the Standard Operating Procedures (SOP), which can be found here:

<https://dupagehomeless.org/hmis/sop/> The SOP provides the policies, procedures, guidelines, and standards that govern the DuPage County Continuum HMIS operations, and the roles and responsibilities for participating agency staff. The Emergency Solutions Grants Program (ESG) HMIS Manual is intended to support data collection and reporting efforts of Homeless Management Information System (HMIS) Lead Agencies and ESG recipients and subrecipients. This manual provides information on HMIS project setup and data collection guidance specific to the ESG Program.

<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>

HMIS is utilized by all shelter providers to enter services and outcome data. Shelter providers communicate with HMIS administrator to refine reporting tools, improve data analysis and correct any data when site visit is conducted. Shelter providers are committed to ensure quality assurance with inputting, maintaining, and analyzing data on a monthly, quarterly, and yearly basis.

## **Homelessness Assistance Through the ESG Program**

The Homelessness Prevention and Rapid Re-housing (HP-RRH) components of ESG are intended to have a meaningful impact on homelessness and housing stability for participating households by preventing people from becoming homeless; diverting people into housing if they are currently applying for shelter; and helping people who become homeless to quickly return to permanent housing (See Eligible Supports for Emergency Solutions Grant). ESG consists of a Rapid Re-Housing component for those who are currently literally homeless and a Homelessness Prevention component for those who meet homeless criteria categories 2 & 4 (Imminent Risk of Homelessness, Fleeing or Attempting to Flee Domestic Violence) or those who meet the HUD at risk of homeless criteria (*see Homeless Eligibility & Verification Form in Appendix*). Eligible households under HP will be those with extremely low incomes, below 30% of the Area Median Income (AMI) (*See Appendix for current guidelines*) who lack resources and support networks for housing and who are at risk of homelessness. Participating households must agree to allow household demographic and service information to be shared between the participating agencies of the Service and Program Coordination Committee of the DuPage Continuum of Care as well as those participating in the Northeast Illinois HMIS system as defined in the *Baseline Privacy Notice* and the *DuPage County Continuum of Care – Authorization to Exchange Information for the Homeless Prevention Provider Network* (*see Appendix or https://www.dupagecounty.gov/HMIS/Forms/*). Agencies will enter client level information into the DuPage County's Homeless Management Information System (HMIS) (*See Confidentiality & HMIS Standards section in this document*). Participating households must complete a case management assessment to determine eligibility and to develop goals toward housing stabilization. Agreeing to and participating toward achieving these goals are a requirement of both one-time and ongoing assistance. Goals may be outlined in a Personal Recovery Plan, Housing Stability Plan or comparable document. The DuPage County Continuum of Care will target and prioritize households that

have a demonstrated housing crisis, and that are assessed as likely to remain stably housed after this assistance. Eligibility must be re-assessed every 90 days (or less) for all HP participating households and annually (or less) for RRH participating households (*See Eligibility Criteria section in this document*). Households receiving any type of rent assistance under this program must reside or plan to reside in an eligible unit (*See Eligible Units section in this document*).

ESG is not a mortgage assistance program, and it is not intended to serve persons who need long-term and or intensive supports. ESG assistance is intended to stabilize housing. Except for housing stabilization case management, maximum assistance under this program is 24 months in any 3-year period. The limits on the assistance apply to the total assistance an individual receives, either as an individual or as part of a family.

## **Consistent Procedures and Practices**

ESG – Homelessness Prevention and Rapid Re-Housing Providers (HP-RRH) agree to actively participate in the Service and Program Coordination Committee of the DuPage County Continuum and to follow this plan and all HUD rules, to make certain that households meet the eligibility criteria of the program, to eliminate duplication, and to ensure seamless homelessness prevention coverage in the county. All HP-RRH providers must enter client and service level data into the HMIS system in accordance with HUD rules, operating standards set by the DuPage Continuum of Care and confidentiality laws (*See Confidentiality under HMIS Standards section in this document*).

All eligible supports are outlined in the ESG Notice dated December 5, 2011. These supports are intentionally focused on housing –financial assistance to help pay for housing services designed to keep people in housing, or services to locate housing. DuPage HP-RRH provider agencies are required to follow the ESG Notice, HUD's guidance, and the policies and procedures within this program plan.

Agency providers will comply with all applicable Fair Housing and Civil Rights Laws. An agency may not develop more strict guidelines for screening eligibility and service provision without approval of the DuPage County CoC and DuPage County Community Development.

## **Outreach and Coordination of Services**

Other available resources will be used before ESG funds are used in homeless prevention. In addition, the Service and Program Coordination Committee will collaborate with other agencies to ensure that all households at risk will have full access to the HP-RRH program, including people who are unsheltered, or residing in area shelters, transitional housing programs, residing in temporary housing assisted by townships and other human service entities.

The Service and Program Coordination Committee has developed a uniform brochure (*see CoC Homelessness Prevention and Re-housing Brochure in appendix*) on all Homelessness Prevention and Re-housing Programs including HP-RRH.

The Service and Program Coordination Committee has developed a referral system between shelter providers and providers of homelessness prevention and rapid re-housing. Shelter providers enter client information into the HMIS Coordinated Entry System. In addition, written referrals with authorizations to share information are sent to a designated location when a person experiencing a housing crisis is seeking to be rapidly re-housed and needs assistance (currently the People's Resource Center for PADS,

Catholic Charities for Family Shelter Services and DuPage County Community Services for Charitable providers paying for hotels). The written referral is assessed and sent to the most appropriate ESG provider based on the household's needs, and the agencies' budgets, services and capacity at the time of the referral. Agencies promptly reach out to the household to facilitate the assistance.

The DuPage County Continuum of Care is utilizing a CES to prioritize placements in DuPage County Continuum of Care Programs and to achieve better outcomes for those experiencing a housing crisis. The CES policy aims to minimize the time one experiences a housing crisis; link clients to the most appropriate housing intervention; prioritize entry of those most vulnerable to scarce housing resources supported by the CoC; and provide system level outcomes and reporting.

Contained in this policy are expectations of community-wide standardization of assessment, placement, and prioritization resulting in the ability to target HUD funded programs most effectively to those with the highest needs and the greatest barriers. The policy addresses standard processes for assessment and recording of eligibility factors within HMIS, outreach, application, and prioritization. The CoC agencies work together under the direction of the CoC Needs Assessment Committee, to develop policies and procedures following HUD's most recent guidance.

The most recent CES policy reflects the definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" and accepts the orders of priority established in prior notice CPD-16-011. The DuPage County Continuum of Care Coordinated Entry System Written Standards can be found at <https://dupagehomeless.org/strategies/coordinated-entry-system/><sup>3</sup> and defines coordinated entry Access Points, standardized tools and assessments, response, referral, and prioritization (where applicable) for a CoC housing interventions including Permanent Supportive Housing, Transitional Housing, Rapid Re-Housing, and Homelessness Prevention for the homeless and at-risk populations, including youth and victims of domestic violence.

Continuum agencies will provide quality services and appropriate referral linkages to assist homeless individuals and those who are at risk of homelessness obtain appropriate support services. This includes referrals and linkages to permanent housing, medical and mental health treatment, counseling, and similar type services essential to achieve independent living.

## **Eligible Supports for Emergency Solutions Grant**

### **Procedural Guidance**

- I. HP- ESG will only provide assistance to households residing in, homeless within or moving to DuPage County.
- II. HP- ESG will utilize geographic boundaries as outlined in the *Agency List and Community Served* (see *Appendix*) for all services other than Financial Education and Legal Services which will be provided by DuPage County Community Services Family Self-Sufficiency Program and Prairie State Legal Services respectively. Exceptions may be made for clients who have an ongoing relationship with any ESG agency. However, exceptions must be decided in coordination with the agency responsible for that geographical area & the agency providing the service. The *Agency List and Community Served* document is updated as necessary at the discretion of the Service and Program Coordination Committee or Leadership Committee of the DuPage County Continuum of Care. Geographic boundaries are not applicable to clients who are homeless (see *Outreach and Coordination of Services*). There are two cost types: Housing Relocation and Stabilization Services (Includes: Moving costs, rental application fees, security deposit, last month's rent, utility deposit and utility payment) and Rental Assistance (includes arrears, short and medium-term rent). Eligible households may be served using these two cost types in the categories of Rapid Re-housing

assistance or Homelessness Prevention assistance. Except for a one-time payment of rental arrears on the tenant's portion of the rental payment, ESG assistance cannot be provided to eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state, or local housing program. It could be used to pay for another cost type such as security deposit or utility payments. For example, a homeless veteran entering a HUD-VASH project that will assist him with his monthly rent may receive security deposit assistance through ESG funds.

- III. When providing rental assistance and security deposit, the lease must be in the client's name and signed by the tenant and the landlord. The assistance (voucher and payment) is made to the property owner/property complex only and is not to exceed the amount owed to the owner for rent and/or security deposit.
- IV. Rent may not exceed Fair Market Rents for that unit size and must meet rent reasonableness standards for that specific unit (*appendix: Fair Market Rent Limits and the Rent Reasonableness Standard*)
- V. Total rent assistance is not to exceed 24 months in any 3-year period.
- VI. Total utility assistance is not to exceed 24 months in any 3-year period.
- VII. Other ESG assistance must also be reasonable. ESG documentation should demonstrate that the ESG provider completed due diligence to ensure reasonable costs.
- VIII. Financial assistance under HP-RRH is provided in voucher form only, and no payments are made directly to participating households.
- IX. ESG providers must track ESG services separately from other funds. Likewise, services provided under the components of Homelessness Prevention and Rapid Re-housing must be tracked independently of each other. ESG funds provided via the State of Illinois must be tracked separately from ESG funds received by the County. Finally, funds must be tracked separately by grant Fiscal Year.

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<sup>3</sup> <https://www.dupagehomeless.org/wp-content/uploads/2024/03/DuPage-County-CES-Written-Standards-Nov-23-corrected.pdf>

## Rental Assistance

HUD advises that ESG assistance should be “need-based”, meaning that providing agencies should determine the amount of assistance based on the amount necessary to prevent the program participant from becoming homeless or returning to homelessness in the near future. In no case is the ESG assistance provided to exceed 24 months in any 3-year period.

The goals for housing stabilization set by the case managers with the adult household members will include an assessment of income, expenses and the basic necessities required to maintain housing and stability. A budget will be developed and agreed upon prior to the approval of rental assistance. If ongoing rent assistance is projected, the budget will be monitored by the case manager. Rent assistance may be planned and approved in advance, but approvals are not to exceed the 90-day eligibility period for households receiving homeless prevention or one-year for households receiving rapid-re-housing assistance. Rent payments to the landlord will not be paid significantly in advance.

All ESG Providers will determine assistance based on identified variables, including income, rent, other financial issues, etc. Client rental payment for tenant-based rent assistance will be determined based on the amount of assistance required to meet their monthly expenses (i.e. total monthly income (-) minus total monthly expenses monthly = rent assistance amount). A lesser amount of rent may be required of the client in accordance with the program plan (such as establishing savings for housing stability or planned debt payments - i.e., client has a garnishment, pay day loan, child support arrearage, or is working with legal or credit repair for debt reduction, etc.).

To ensure a consistent application of standards in determining rent amounts for ESG participating households the ESG provider will be responsible for determining and communicating the amount of rent to be provided within this formula as well as empowering the participating household to assume graduating levels of financial responsibility.

ESG providers will obtain new income verification for the household as planned on a quarterly or annual basis. All households must meet income and risk criteria for continued assistance. The family's rent portion will be recalculated accordingly and will be reflected in the assistance.

Agencies have the option of reviewing income and rent assistance prior to the planned recertification date when such a recertification would impact assistance needed for housing stabilization. Agencies will provide assistance with the expectation that households will be able to sustain housing independently in the foreseeable future.

All CoC and ESG funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. The CoC will make available information on low barrier and Housing First best practices.

Rental Assistance is available to both HP and RR households. It consists of the following cost types:

## Short-term Assistance

Short-term assistance is provided for up to a maximum of 3 months. A housing stability plan will be developed with the household with the expectation that the household will be stable after assistance. A household that initially qualifies for short-term (1-3 months) assistance can transition into medium term assistance at the discretion of the case manager.

## **Medium-term Assistance**

Medium-term assistance can be provided from 4 months up to a maximum of 24 months.

## **Rent Arrears**

Rent arrearage assistance is not to exceed a one-time payment of up to 6 months. Rent arrearage is counted toward the 24-month maximum. When providing rental arrearage assistance, the ESG agency must ensure and document that the payment will enable the eligible household to remain in the housing unit for which the arrears are being paid or enable the household to move to another unit. ESG funds cannot be used to pay for rental arrearage assistance in which there was no written lease in place at the time unless an oral lease is enforceable by State law.

## **Late Payment Fees**

Payment of late fees is only allowed with one-time rent arrears assistance.

## **Housing Relocation & Stabilization Services (HRSS)**

Housing Relocation and Stabilization Services consist of Financial Assistance and Stabilization Services and are available to both HP and RR households.

## **Financial Assistance**

Eligible financial assistance costs covered under housing relocation & stabilization services are listed below (HRSS)

## **Rental Application Fee**

ESG providers may assist program participants with rental applications fees as long as they are only fees charged by the property owner/manager to all applicants.

## **Security Deposit**

There is no expectation that security deposits be returned to the ESG provider agency. Security deposits may be used for damages as defined in the lease or returned to the tenant for use on the next unit should the tenant move in the future. Security Deposits are to be used for permanent housing only. Clients that are moving into a halfway house or need “program fees” are not eligible. Per HUD guidelines, ESG agencies will only provide the equivalent of 2 months’ rent maximum for security deposit to eligible households. Exceptions are not allowed.

## **Last Month’s Rent**

If necessary, an ESG provider agency may assist with last month’s rent payment at the time the owner is paid the security deposit and first month’s rent. The payment must not exceed one month’s rent.

## **Utility Deposits**

There is no expectation that utility deposits be returned to the ESG provider agency. ESG provider agencies may only assist program participants with the standard deposit required by utility companies for gas, electric, water and sewage service.

## **Utility Payment and Arrearage Assistance**

To receive assistance with utility deposit or utility arrearage a household must meet applicable housing risk and income eligibility. Agencies will document that utilities cannot be maintained or connected without assistance. ESG agencies will only provide eligible individuals or households with up to 24 months of utility payments within any 3-year period, including up to 6 months of arrears per service, provided that the client or a member of his/her household has an account in his/her name with a utility company. ESG funds can only be utilized for provision of gas, electric, water, sewer, and garbage collection services; not phone or cable. As with rent assistance, utility assistance cannot be provided to eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal or state subsidy program (LIHEAP). When assisting with utility arrearages, ESG Providers must complete due diligence to determine monthly costs and document the method used.

## **Moving & Storage Costs**

Reasonable moving costs, such as truck rental, hiring a moving company, or temporary storage fees can only be provided to eligible households for a maximum of 3 months, provided that fees are accrued after participant is deemed eligible and before the participant moves into permanent housing. Storage fee arrears are not eligible. ESG agencies must ensure moving costs are reasonable and document due diligence in finding a reasonable cost.

## **Stabilization Services**

### **Housing Search and Placement**

ESG providers may provide services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing. Housing should be mutually agreed upon by both the Case Manager and the participants Head of Household. Housing options selected by the participants will be verified by the provider as meeting grant requirements. At a minimum, housing should be clean, decent, well-maintained, affordable, and in a neighborhood, that meets the needs of the family. Locating adequate housing is the responsibility of the family with assistance from a Case Manager as needed.

The Case Manager may contact landlords directly if advocacy is needed. If needed, financial assistance with application fees is available. The Case Manager should keep abreast of current rental markets, landlords to avoid, and appropriately refer families to partnering landlords. Referrals will not be made to landlords that have repeatedly proven uncooperative with the ESG provider or a partner agency, have refused to reimburse due funds, do not adequately maintain properties, or have otherwise abused tenants' rights.

Per HUD, costs under Housing Stability Case Management include assessing (initial and periodic re-evaluations), arranging, coordinating, and monitoring the delivery of services to facilitate housing stability for participants. ESG services cannot exceed 30 days during the period participant is seeking permanent housing and 24 months' during the period participant is living in permanent housing.

During short-term assistance, case management includes assessment; housing stability planning; and referrals. The household is expected to achieve stability goals in 90 days or less. Suggestions may be made for goals to be completed by the ESG participants without case management support. However, per HUD Guidelines, each household receiving ongoing assistance must meet with the case manager on

a monthly basis, unless prohibited by Violence Against Women Act (VAWA) or Family Violence and Prevention Services Act (FVSPA).

Medium-term case management calls for regularly defined (monthly or more frequent is acceptable) face-to-face contact between household and case manager. Case management activities may include the same activities of short-term case management. Medium term case management is required during the months of medium- term assistance and is appropriate when considerable barriers or need for considerable coordination and advocacy, case plan is expected to last more than 90 days.

## **Mediation**

Mediation services between the participant and property owner/manager are only eligible, if necessary, to prevent loss of permanent housing.

## **Credit Repair**

Per HUD, Credit Repair can include credit counseling and other services necessary to assist with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems. ESG participants will have access to attend DuPage County Community Services Family Self-Sufficiency Money Management and Credit Repair workshops.

Additional credit counseling services will be available at the discretion of ESG providers according to need and available resources.

## **Legal Services**

Legal Services must be necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the loss of permanent housing. It may include landlord/tenant matters; child support; guardianship, paternity, emancipation, and legal separation; orders of protection and civil remedies for victims of domestic violence; appeal of veteran's and public benefit claim denials; and the resolution of outstanding criminal warrants. Legal services related to immigration and citizenship, or mortgages are ineligible under ESG. Prairie State Legal Services (PSLS) is no longer the ESG Legal Services provider in DuPage County; however, the agency is supported by different funding sources. Therefore, participants requiring housing related legal services can still be referred to PSLS for available services and legal advice.

## **Bed Vacancies and Prioritization**

As vacancies arise in any CoC program, the housing provider will contact HMIS for a referral. The HMIS System Administrator will generate a list from HMIS based on order of priority as outlined in the "Prioritization" section per project type and based upon target populations served by the requesting program. The HMIS System Administrator will send the requesting agency the top 5 prioritized participants for further assessment. The agency with the vacancy must make a suitable effort to complete outreach to the candidates in order of priority. The provider will contact the participant to further determine eligibility and to assess for client choice to participate in the program. Providers shall exhaust all efforts to reach the client, including reaching out to the original referring agency and any other partnering agencies. If the participant declines, is found to not be eligible, or is unable to be located. the participant will be returned to the priority list. All participants have the option to not apply or decline the housing which is offered.

## Determining and Documenting ESG Eligibility

Although households may be prioritized for referral for ESG housing assistance, all households must be assessed for eligibility and appropriateness of ESG services, via an initial consultation and eligibility assessment with a case manager or other authorized representative who can determine eligibility and the appropriate type of service needed, upon entry. Households receiving Rapid Re-housing services must be re-assessed at least annually and households receiving HP-RRH services must be reassessed for eligibility at least once every 90 days. Households which do not meet all eligibility criteria are not eligible to receive any ESG services - including financial assistance and housing relocation and stabilization services. Households may become ineligible for ESG services if they do not meet the terms of the Recovery Plan at any point as determined by the ESG provider, or if ESG services are no longer the most appropriate service to stabilize housing. (*See Separation Guidelines*).

After initial eligibility, the ESG household is determined to remain eligible until 90 days or file closure, whichever comes first. ESG providers can choose to require re-evaluation each time a program participant experiences a change in income, household composition, or need for assistance.

ESG case files must show sufficient documentation of eligibility and determination of assistance. Guidance on acceptable documentation may be found at <https://www.hudexchange.info/> (Refer to HUD's issued guidance). The expectation will be that documentation standards are of the highest standard reasonable. In order of preference: 1. Written third-party documentation, 2. intake worker observations second and 3. certification from the person seeking assistance.

If a lower standard of documentation is used (for example, self- statement of income) the agency will document attempts made to secure documentation and proceed only when reasonable and necessary to avoid or alleviate a homeless situation of the applicant household. Based on this guidance, the Continuum has developed a format to document homeless status and define the necessary documents to verify. (*See Homeless Eligibility & Verification Form.*) Oral, third party and self-certification are not appropriate documentation for determination of a disability.

Eligibility criteria other than listed in HUD guidance or this program plan must be approved by DuPage County CoC, documented in written policies and procedures, and must be applied consistently.

Households must be eligible under each and all categories below:

### Minimum Eligibility Criteria:

#### **Homeless Prevention (HP)**

- I. ESG HP assistance can be available to individuals and families that are in Homeless Categories 2, 3, and 4, but are not literally homeless (*see Appendix*) OR those in At-Risk of Homelessness Categories 1, 2, and 3. (*see At-a-Glance – Criteria for Definition of At Risk of Homelessness in Appendix*)
- II. At initial assessment, households must have income below 30 % Area Median Income (AMI) (*see <https://www.huduser.gov/portal/datasets/il.html>*) and must lack resources and support networks that would prevent them from moving into an emergency shelter or other place described in Category1 of the homeless definition.
- III. At each 90-day re-certification, to continue receiving ESG service households must have income that is at or below 30 % of AMI and must lack sufficient resources and support networks to retain housing without ESG assistance.

## Rapid Re-Housing (RRH)

Rapid Re-housing assistance is only available to individuals and families who meet the definition for Literally Homeless Category 1 under the Homeless Definition Final Rule as follows (*see Appendix*).

Individual or family who lacks a fixed, regular, and adequate residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or
2. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs) or
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

There is no income threshold at initial assessment. At annual re-certification, households must have income at or below 30% of AMI and must have no appropriate subsequent housing options and must lack sufficient resources and support networks to retain housing.

## All Households (HP or RRH)

- I. Must agree to allow information to be shared with participating agencies of the Service and Program Coordination Committee and Northeast Illinois HMIS RRH/HP providers as defined in the *Authorization to Exchange Information for the Homelessness Provider Network* and the *Agency Privacy Notice*; ESG funding recipients must be entered into HMIS for reporting requirements.
- II. Complete a comprehensive assessment of needs and service plans for housing stabilization
- III. ESG funding recipients must be willing to create and engage in a Recovery Plan and case management as needed to acquire and maintain stable housing (independent of this assistance within a defined time period not to exceed 24 months).
- IV. Households may be required to complete critical goals prior to being approved for ESG financial assistance. Such goals may include obtaining a source of income in the household as ESG financial assistance for rent will not stabilize a household alone.
- V. If receiving assistance with utility deposit or utility arrearage, household must show, in addition to imminent risk or homelessness, financial need, valid disconnect notice or proof that utilities will not be connected without assistance. As with all activities under ESG, assistance must be sought first from other resources Low Income Home Energy Assistance Program (LIHEAP) and ESG assistance cannot be for the same cost type or time period as other assistance.
- VI. If receiving rental arrears, short-term, or medium-term rent assistance, the household must be living in or planning to move to a residence which meets HUD's Rent Reasonableness Standard, Fair Market Rent Standards, and housing habitability standards. (*See Eligible Units*).

## **Guidance for Determining & Documenting Housing Options, Resources & Support Networks**

In addition to determining homeless status and other eligibility criteria, ESG agencies are required to assess whether an applicant has alternatives to ESG assistance to obtain or maintain housing. This includes an assessment of financial resources, assets, family, or support networks which may translate to alternative housing options. DuPage County CoC understands, due to the diversity and complexity of resident's needs and resources, there is no standardized tool which will accurately predict the future housing situation for all applicants. DuPage County CoC will rely on the professional judgment of ESG agency staff to assess, during their interview, housing options, resource, and support networks and whether households need ESG assistance. The conclusion of this assessment will be documented in the file by the staff person conducting the assessment using the Housing Options, Resource & Support Networks portion of the standardized tool Homeless Eligibility & Verification Form.

To provide guidance on specific manners of assessment see below.

### **Financial Resources**

Each file will contain a monthly budget which incorporates a household's income, resources, and expenses. The budget is only required to look at expenses necessary to maintain housing and basic needs. However, agencies may also include debt payment or other expenses, including savings for housing stability, if deemed appropriate by the housing stabilization plan. When mainstream resources are available in the community, the ESG provider may require the participating household to obtain or maintain these resources as a condition of assistance.

### **Assets**

Household assets are always to be assessed to determine income eligibility as defined by HUD. A review of assets is also a relevant piece of determining whether a household has financial resources to obtain or maintain housing.

Cash, savings and checking accounts are to be considered tangible assets available for the household budget as described above. Household reported cash, and bank accounts must be reviewed in the initial and recertification assessment process. Tangible assets such as furnishings, automobiles, jewelry, and clothing may be retained by the household and are not required to be a part of this analysis.

Assets designed by law for retirement (e.g., IRA, Roth IRA, 401K accounts) will not be a required aspect of the determination of the household's resources for any applicant younger than 59 ½. For financial assistance, arrears and short-term rent assistance, agencies are not required to consider other assets (e.g. retirement accounts, certificate of deposit) in their assessment of the household's resources.

For ongoing tenant based rental assistance, agencies are required to consider available assets (e.g., Certificate of Deposits, Investments) in determining whether to include use of these assets in the housing stabilization plan. The following questions are used as guidance for assessing and documenting this decision:

1. Does the household report any assets?
2. Can the assets be converted to cash quickly and without excessive penalty?
3. Is the asset substantial enough, in and of itself, to assist the household in independently sustaining housing without risk?

If the answer is yes to all of the above, the agency will require the household to strategically use the assets to stabilize future housing. ESG funded Housing Relocation and Stabilization Services may be offered at this time. If the assets are not substantial or may not be converted to cash quickly and without cost and the household would only reasonably delay homelessness, the agency may plan strategic use of these assets in the housing stabilization plan, but use of assets is not required by the CoC.

*For the purpose of this guidance, 'substantial' refers to assets which exceed 2-months of basic household expenses as defined in financial resources above. 'Without significant penalty' means a loss of 25% or more of available assets, including potential tax penalties.*

### **Social Support Networks including Family and Friends**

At the time of application, ESG providers will explore housing options with all applicants. It is the clear intention of the DuPage County CoC that viable housing alternatives will be safe, and adequate.

Case managers will explore current or future alternatives that participants have to ESG assistance. These alternatives include financial resources toward the monthly budget, such as family support, church contributions, or housing alternatives which may include staying with family or friends. Case managers will explore these options in their interview and document, in the file, their concluding assessment of whether these are viable alternatives now or in the future. Viable options would include those which are safe, adequate, and unlikely to place the household members at future risk of homelessness (e.g. breaking a lease where the landlord will enter a financial judgment).

### **Non-Duplication**

ESG specifies a household previously deemed ineligible, but which becomes eligible may continue to receive assistance but is not to exceed a total of 24 months of assistance within a 3-year period.

Additional financial supports will be determined at the discretion of the ESG agency using geographic boundaries and criteria for *Non-selection/Non-continuation*.

Current Service and Program Coordination Committee guidelines state: "Households should not receive assistance from any homelessness prevention provider fund (IDHS, ESG, CSBG, and EFSP) more than one time in any twelve-month period. Exceptions may be considered in extraordinary circumstances, when necessary, to put a multi-month package together for the client, or when funding is near depletion."

This guideline will stand true in DPC for ESG financial assistance only. Services under ESG Housing Relocation and Stabilization Services may be provided to eligible clients regardless of previous financial assistance received by the household. Exceptions are at the discretion of the ESG providing agency.

Best practices call for any exception to be made in coordination with the first providing agency.

ESG providers report on all adults receiving financial assistance for inclusion in the non-duplication list and in HMIS. ESG providers must have valid authorization to share information via the non- duplication list and HMIS. (See *Confidentiality & HMIS Standards*).

### **Non-Selection/Non-Continuation (Initial/Continuing Eligibility)**

The ESG agency will make decisions regarding non-selection for participation in ESG at initial application or at recertification due to any of the reasons defined below. Criteria apply to both initial application and

at time of quarterly or annual reassessment. Likewise, misrepresentation of eligibility by any household also provides reason for immediate separation from any program assistance.

- I. Household does not meet all eligibility criteria; or
- II. Household does not complete all steps to establish eligibility in a timely manner; or
- III. Misuse of program services by any household member; or
- IV. Household does not complete or refuses to engage in Recovery Plan objectives; or
- V. Household non-readiness, as determined by the ESG providing agency, due to:
  - 1. Lack of "key" resources from service providers in the community or unwillingness/inability by the household to link to such key services; and/or
  - 2. Household's misuse of resources, including personal resources such as income and benefits

*For the purpose of this guidance, key resources are those resources or services that are integral to the household's ability to achieve self-sufficiency. Self-Sufficiency is defined as the household's ability to maintain rent and household expenses independent of the ESG within a defined period of time.*

At the discretion of the ESG providing agency, if the participant is deemed unable to participate in case management service toward independent housing and where there is a need to maintain a safe work environment for staff. This determination may be based on the household's use of current and past agency services - including but not limited to a review of the client's previous participation in similar agency services, such as homelessness prevention services, short-term case management or some equivalent data.

The ESG providing agency will make all reasonable efforts to link clients to services or advocate for provision of services before making a decision of non-selection.

## **Separation Guidelines**

All assistance provided under ESG is subject to eligibility requirements and program guidelines. Final decisions regarding non-continuation will be relayed in writing, to the household, by the ESG providing agency. The ESG agency will provide, when appropriate, information about helpful outside resources and the opportunity to re-apply to the program or to enter the program at a later date.

Per HUD guidelines, provider agencies must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination, so that a program participant's assistance is terminated only in the most severe cases.

A formal separation process will, at a minimum, consist of the following:

- 1. Written notice which includes date of termination, reason for termination, opportunity for appeal, and, if appropriate, any helpful resources to assist the participating household to maintain housing stability.
- 2. Opportunity to appeal - Participating households which are selected for non-continuation are entitled to request a review of the decision with the opportunity to present oral or written objections before a person other than the person (or a subordinate of the person) who made or approved the termination decision. Final decisions regarding the appeal will be provided promptly in writing.

## **Eligible Units**

See ESG [Interim Rule 24 CFR Parts 84, 85, 91](#), & [576.404](#) for information regarding conflicts of interest, Non-discrimination and Equal Opportunity Requirements, Fair Housing, and Civil Rights laws.

## **Conflict of Interest**

### *Organizational*

The provision of any type or amount of ESG assistance may not be conditioned on an individual's or household's acceptance or occupancy of emergency shelter or housing owned by the subrecipient or an affiliated organization. The subrecipient is prohibited from conducting a participant's intake assessment required under § 576.401 to determine program eligibility or administer homelessness assistance under § 576.103, if the participant resides in housing where the subrecipient, of any parent or subsidiary of the subrecipient, has ownership interest. The subrecipient would need to find another independent organization that is also an ESG subrecipient to conduct the intake assessment and ensure that all program participants are eligible as well as to administer homelessness prevention assistance. The subrecipient must maintain written standards of conduct covering organizational conflicts of interest required under 2 CFR 200.318.

### *Individual*

For the procurement of goods and services, the subrecipient must comply with the codes of conduct and conflict of interest requirements under 2 CFR 200.318. Persons for whom the Conflict-of-Interest requirements apply include any person who is an employee, agent, consultant, officer, or elected or appointed official of the subrecipient agency. No person who exercises or has exercised any functions or responsibilities with respect to activities under the ESG program, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the program, may obtain a financial interest or benefit from an assisted activity; have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity; or have a financial interest in the proceeds derived from an assisted activity, either for themselves or for those with whom they have family or business ties, during their tenure.

## **Fair Market Rent Limits and the Rent Reasonableness Standard**

All units which receive short and/or medium-term rental assistance under the Emergency Solutions Program must have a monthly gross rent which is at or below the most recently published HUD Fair Market Rent Standards<sup>4</sup>. The monthly gross rent must also meet HUD's rent reasonableness standard, meaning the landlord attests that the gross rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private, unassisted market and must not be in excess of rents being charged by the owner for comparable non-luxury unassisted units. These standards of Fair Market Rent and Reasonableness apply to arrearages as well as rent going forward. (*See, in Appendix, HUD guidance: Rent Reasonableness and Fair Market Rent Under the Emergency Solutions Grant Program*).

As the HUD Fair Market Rent is low for DuPage County, the DuPage County Continuum may request a waiver for this regulation. Any change in the Fair Market Standard will be added as an addendum to this plan. In the absence of an addendum, the Fair Market Rent standard is as set by HUD and may be found with the published datasets.

Fair Market Rent refers to a calculation to determine the Gross Rent. Gross rent is the sum of the rent paid to the owner plus, if the tenant pays separately for utilities, the monthly allowance for utilities established by the public housing authority for the area in which the housing is located. For purposes of calculating the FMR, utilities include electricity, gas, water and sewer, and trash removal services but not cable or satellite television service, or internet service. If the owner pays for all utilities, then gross rent equals the rent paid to the owner.

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<https://www.huduser.gov/portal/datasets/fmr.html>

The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four-bedroom FMR, for each extra bedroom. For example, the FMR for a five-bedroom unit is 1.15 times the four-bedroom FMR, and the FMR for a six-bedroom unit is 1.30 times the four-bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero-bedroom (efficiency) FMR.

***Small Area Fair Market Rents (SAMFRs) do not apply to the ESG Program.***

To document rent reasonableness, the agency must determine rent reasonableness using one of the following methods:

- I. Reviewing comparable units advertised for rent
- II. Written verification from the property owner of comparability of rent charged for other units
- III. The ESG providing agency should consider the following when determining rent reasonable:
- IV. The location, quality, age, size, and type of the unit
- V. Any amenities, services, and utilities to be provided by the owner.

Documentation of the comparable review will be retained in the participant file. An optional form is located in the Appendix (*Rent Reasonableness Checklist and Certification*).

## **Minimum Habitability Standard**

HUD has set minimum standards for permanent housing. ESG funds may only be used to help a program participant remain or move into housing which meets these minimum habitability standards. This includes funds for Housing Stabilization Services as well as Rental Assistance.

As stated in the Federal Register, minimum habitability standards the housing must meet all the following criteria: (1) *Structure and materials*. The structures must be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents. (2) *Space and security*. Each resident must be provided adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep. (3) *Interior air quality*. Each room or space must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents. (4) *Water supply*. The water supply must be free from contamination. (5) *Sanitary facilities*. Residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. (6) *Thermal environment*. The housing must have any necessary heating/cooling facilities in proper operating condition. (7) *Illumination and electricity*. The structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the structure. (8) *Food preparation*. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. (9) *Sanitary conditions*. The housing must be maintained in a sanitary condition. (10) *Fire safety*. (i) There must be a second means of exiting the building in the event of fire or other emergency. (ii) 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. (iii) 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, community rooms, day care centers, hallways, stairwells, and other common areas.

Inspections will include a visual lead-based paint inspection when tenants include a pregnant female, or a child under six years of age and in houses built prior to 1978. This is in compliance with HUD's lead-based paint regulations which appear within title 24 of the Code of Federal Regulations as part 35(24 CFR 35).

## **Lead Based Paint Requirements**

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 persons served. Under ESG, the rule is that a lead-based paint visual assessment must be completed for all units that meet all of 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); and
- The unit was constructed prior to 1978; and
- 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 (ESG program staff) are responsible for ensuring that property owners and managers meet the lead-based paint requirements.

### *Disclosure Requirements*

Disclosure requirements are triggered for ALL properties constructed prior to 1978. These requirements require that landlords, 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.

This requirement relates to property owners/managers but sharing this information with clients (or ensuring they have received it) is important. 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.

### *Visual Assessment*

Per regulations found in 24 CFR 35, visual assessments for ESG funded units are only triggered under certain circumstances:

- 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.

It is a requirement of all agencies to have lead base paint certification and inspections completed, whether you have a shelter or office space serving clients. Each agency should have at least one staff certified to complete visual lead-based paint assessments. Agency staff are required to give lead-based paint disclosures to clients for rental assistance with Homeless Prevention and Rapid Rehousing. The link to the HUD Lead Based Paint Training is below.

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm> Training opportunities, training curricula, materials and pamphlets, information on the Lead Safe Housing Rule, and other documents can be accessed at:

<https://www.hudexchange.info/programs/lead-based-paint/resources/> The Lead Safe Housing Rule can be accessed at:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/enforcement/lshr](http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/enforcement/lshr)

DuPage County's HP-RRH program will utilize County staff members who have completed Housing Quality Standard training to perform the requisite habitability inspections. The habitability inspection forms are appended to this plan. Should an inspection be necessary outside of DuPage County, DuPage County staff will either perform the habitability inspection or contact the local participating jurisdiction or housing authority for assistance in obtaining an inspection.

For ongoing ESG assistance, the Provider must take reasonable measures to ensure the unit meets the minimum habitability standards for permanent housing for the duration of the assistance. This can include case managers meeting monthly open to address concerns, landlords regularly attesting that no significant problems exist, and clients are educated to notify their landlord and case managers of issues that impact the habitability of the unit.

The intent of these measures is to be proactive; to become aware and have the opportunity to address and resolve of any potential issue impact safe, sanitary living conditions. ESG providers have the option of withholding rent and requesting a formal reinspection.

Housing inspections completed by the DuPage or Aurora Housing Authorities for units that will receive a HUD-VASH, or Housing Choice Voucher (formerly Section 8) are acceptable as long as they have been completed within 60 days of the client's ESG application. Client files must contain documentation from the respective Housing Authority to confirm that the unit passed inspection prior to a provider issuing financial assistance.

## Habitability Inspection Referral Process

The Provider will complete a written referral on the form provided and will email the completed form to DuPage County Community Services as directed within the form. A qualified inspector will coordinate and complete the housing inspection. The inspector will return the completed Habitability Standard Form, as needed, in addition to the completed referral form, to verify the inspection status. The forms will be returned to the original Provider for the participant's file.

## NSPIRE

On May 11, 2023, HUD published the Economic Growth Regulatory Relief and Consumer Protection Act: Implementation of National Standards for the Physical Inspection of Real Estate (NSPIRE) Final Rule – establishing updated standards for assessing whether housing meets minimum quality standards and may be assisted with HUD funds, including HOPWA, ESG, and CoC. The NSPIRE rule provided that HUD's Office of Community Planning and Development (CPD) would issue separate notices for the individual CPD programs.

On August 5, 2025, HUD published National Standards for the Physical Inspection of Real Estate, Carbon Monoxide Detection Requirements, and Smoke Alarm Requirements: Implementation Guidance and Inspection Standards for the Housing Opportunities for Persons With AIDS (HOPWA) Program, for the purpose of providing primary implementation guidance for HOPWA. Additionally, the notice extends the compliance date for HOPWA grantees to comply with the HOPWA NSPIRE standards elaborated in the notice until February 2, 2026.

HUD has not published standards specific to ESG or CoC programs and has acknowledged it will be a challenge for grantees to revise their inspection procedures prior to the extended compliance date of October 1, 2025. HUD seeks to ensure that all unit types currently funded by the CoC and ESG programs can meet the NSPIRE Standards for the ESG and CoC Programs when they are published. Therefore, HUD has extended the NSPIRE compliance date for ESG and CoC program recipients until October 1, 2026. While HUD encourages any recipients and grantees that are ready to implement NSPIRE to do so at their earliest convenience, **recipients** may continue using the standards for assessing housing quality in accordance with the current requirements under 24 CFR Part 574, 576, or 578, as appropriate, until October 1, 2026

## Lease Requirements

The provision of ESG rent assistance and security deposits seeks to ensure permanent housing stabilization:

1. The landlord must agree to work with the ESG agency to accept vouchered rent payment and to stop eviction proceedings upon receipt of signed voucher.
2. Households may be assisted at the end of their lease term if a move to another housing unit is necessary in order to ensure future housing stabilization.
3. Month-to-Month leases – month-to-month leases reflect transience and should be avoided in general. HUD does not specifically exclude month-to- month leases. The ESG agency will attempt to engage the landlord to work on a long-term lease arrangement when this benefits the client.
4. ESG agencies must have a copy of the valid lease to assist with rent unless financial assistance is limited solely to payment of rental arrears. Valid leases must include signatures of both the client and/or a member of the household and the owner/authorized representative and must be dated.

1. Recipients of ESG funds must have a written lease or rental agreement, the legal right to reside in the unit and prove responsibility for paying the rent. As a general matter, if the eligible person is not named on a valid lease/rental agreement either as a tenant or an authorized occupant, the person has no legal right to reside in the unit and is therefore not eligible for rental assistance. However, if an applicant is listed as an occupant on a lease agreement and can prove through paid receipts in their name, money orders or cancelled checks that they pay rent or utility bills, even if the accounts are in the name of another household member, it is permissible to assist the applicant. The Grantee and project sponsor have responsibility for ensuring the eligibility of each household assisted with ESG funds.
2. Oral leases, if enforceable by State law, are acceptable when assistance is *solely* for arrears.
3. A sublease is considered a legal lease. However, the grantee should be sure that the relationship between the participant/grantee/sub grantee and the landlord is not in violation of the conflict of interest provisions as stated in the ESG Notice. For example, the sublease agreement should not be between relatives or other parties where there is a potential conflict of interest. Only the owner of record or Management Company may be paid.
4. Rooms to rent and shared housing arrangements with separate leases - applicants residing in shared housing programs that provide separate leases for each tenant may be eligible for assistance if they are a valid leaseholder. Single room occupancy rent reasonableness and FMR Limits apply.

## **Rental Assistance Agreement**

Rental Assistance cannot be provided without an agreement between the ESG provider and the owner/property manager.

- I. ESG provider will ensure that a rental assistance agreement between the provider and the owner/property manager is completed for each participant household receiving rental assistance.
- II. ESG providers must ensure timely rent payments are made on behalf of participant households receiving ongoing financial assistance. ESG regulations specifically prohibit the use of ESG funds for late payment fees incurred by the ESG provider under Rental Assistance Agreement with the owner/property manager.
- III. The Agreement must contain the same rent payment due date, grace period and late payment penalty requirements as the program participant's lease.
- IV. A rental assistance agreement between the ESG HP Provider and property owner or property management will include a requirement that the owner copy the agency on any notice to the program participant to vacate housing or any complaint to commence an eviction. The agreement will specify the term of the anticipated assistance to be provided.
- V. The rental assistance agreement will terminate, and no further rental assistance payments may be made under that agreement if the program participant moves out of the housing unit, the lease terminates and is not renewed, or the program participant becomes ineligible to receive ESG rental assistance.

## **HMIS Standards**

The purpose of a Homeless Management Information System (HMIS) is to gather information about the extent and nature of homelessness to assist planners, policy makers and providers of services to the homeless to design the most effective policies and programs, to coordinate care, and better serve clients. HMIS provides an effective and usable case management tool and by collecting and analyzing client, program, and system-level data to report on the extent and nature of homelessness.

HMIS provides the ability to: develop unduplicated counts of clients served at the local level; analyze patterns of use of people entering and exiting the homeless system; and evaluate the effectiveness of those systems.

The DuPage County Continuum of Care participates in the “Northeast Illinois Collaborative HMIS” (NIL HMIS). The NIL HMIS is a shared, regional HMIS managed by a Technical Lead Agency.

DuPage County Continuum of Care Leadership Committee oversees the DuPage County HMIS Lead and is primarily responsible for all local HMIS activity.

All DuPage ESG providing agencies must enter client-level data into the NIL HMIS, following HMIS requirements for ESG recipients. Victim Service Providers are required to enter data into a comparable database that meets all HMIS data collection and reporting requirements. A Standard Operating Procedure (SOP) provides the policies, procedures, guidelines, and standards that govern the DuPage County Continuum HMIS operations, and the roles and responsibilities for participating agency staff. The SOP addresses roles and responsibilities, privacy, data quality, security and offers standardized forms for agency use. The SOP is reviewed annually and updated as necessary by the Data Performance Committee in coordination with other committees and approved by the Leadership Committee of the DuPage County Continuum of Care.

All DuPage ESG programs are governed by the same minimum standards of client privacy protection within HMIS. A Baseline Privacy Notice describes how client information may be used and disclosed and how clients can get access to their information. Each ESG agency will either adopt the Baseline Privacy Notice or develop a Privacy Notice which meets and exceeds all minimum requirements set forth in the Baseline Privacy Notice.

ESG funded agencies will ensure all clients are aware of the adopted Privacy Notice, have access to it and are notified of their rights regarding data sharing. ESG funded agencies will make reasonable accommodations for persons with disabilities, language barriers or education barriers. If the agency has a website the Privacy Notice will be published on that website. Agencies review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Notice (examples: Substance Abuse Providers covered by 24 CFR Part 2, HIPPA Covered Agencies, Legal Service Providers) and review the most updated HUD HMIS Privacy Standards (currently: 2004 HUD HMIS Privacy Standards (69 FR 45888 - Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice). Agencies assign only end users who can meet End User responsibilities and designate one user that has been trained to technologically uphold the agency's privacy responsibilities.

HMIS End Users will uphold the client's privacy. End Users have the responsibility to understand their agency's Privacy Notice, be able to explain their agency's Privacy Notice to clients, follow their agency's

Privacy Notice, know where to refer the client if they cannot answer the client's questions, and present their agency's Privacy Notice to the client before entering any information.

End Users will be trained to consistently enter data that is complete, timely and accurate according to approved workflows documents. Workflow documents are used for both training and reference to ensure proper understanding and use of the Homeless Management Information System. End Users are encouraged to contact the HMIS Help Desk for support as needed at HMIS@dupagecounty.gov.

In addition to a valid authorization to release information from the head of household and each adult member, each HP-RRH agency has agreed to participate in Homeless Prevention and/or RRH provider groups within HMIS to share information required for reporting purposes and to prevent duplication of services. (See *2025 Service and Program Coordination Community Partnership Agreement or most recent version in Appendix*).

Effective May 1, 2015, the CoC expanded data sharing for service providers who offer Rapid Re-housing (RRH) and Homelessness Prevention (HP) service type activities. Data elements shared will include client demographics, case manager, entry exit information and service information. The purpose of this expanded data sharing is to improve service collaboration and increase effectiveness of funds through reduced duplication of data collection and improved referral linkages.

Additional information can be found at <https://dupagehomeless.org/hmis/> and <https://www.hudexchange.info/>.

## **Tracking Services and Outcomes**

Services and program outputs must be tracked according to HMIS standards. The annual DuPage County CoC Homelessness Prevention Reporting Tool and the ESG CAPER are completed to track services.

Regarding outcomes, all HP-RRH agencies will complete a follow up call in 90 days from the date households were exited from HP-RRH to determine whether the household remained stably housed. Additional performance outcomes may be proposed by the Continuum of Care Leadership Committee.

## **Client Confidentiality**

Each subrecipient must implement procedures to ensure the security and confidentiality of records pertaining to any individual provided with assistance and that the address or location of any assisted housing, including domestic violence shelters, will not be made public. To facilitate coordination, to ensure non-duplication and to aid in the consistent reporting of DPC HP- ESG services provided within the HMIS service system, all participating adults must be informed of the HMIS Privacy Policy.

Participant's information will be utilized and shared per the standards in the Privacy Plan and policy. All participating adults are required to sign an Authorization to Release Information, including household demographics, income, and service information and case plan that may be shared amongst all providers in the Service and Program Coordination Committee. Participating household members may decline sharing of certain assessment information which is not essential to coordination/non- duplication. It is the responsibility of the HP-RRH provider agency to protect the confidential nature of

such information. However, participant refusal to share essential information for service coordination/non-duplication will affect eligibility for HP-RRH services.

## **Recordkeeping Requirement**

Sufficient records must be established and maintained by ESG Providers to demonstrate that all ESG requirements are being met. For more information about recordkeeping requirements, refer to [24 CFR 576.500](#).

## **Record Retention Period**

ESG providers must maintain documentation on all households seeking assistance. If determined ineligible, documentation must reflect reasons. Documentation of participant eligibility and assistance provided must be retained for a minimum of 5 years after the expenditure of all funds from the grant under which the program participant was served. Subrecipients will refer to applicable agreements with State and County ESG recipients for specific instruction on records management.

## **Reporting Requirements**

ESG Recipients will submit annual performance reports to HUD via Consolidated Annual Performance and Evaluation Reporting (CAPER). DuPage HP-RRH providers will ensure necessary data is available in the required format per the grantors (State of Illinois and/or DuPage County) requests.

## **Monitoring**

DuPage ESG providers have received funding from either or both state and county grantees. As with program implementation guidance, monitoring requirements are expected to be met as they are outlined by each grantor. The requirements may be included in contracts, Memorandum of Understanding, or manuals. As ESG program has been in development, some updates to procedures may be provided via email.

County guidance for direct federal allocation states the following: Sub-grantee monitoring reinforces accountability; provides for continuous improvement; and is required by the ESG Notice. Monitoring goals include the improvement of program and financial performance and ensure regulatory compliance in all areas. Monitoring ESG in the County is done through a variety of measures consisting of desk top review, which includes evaluation of requests for payment, and on-site visits with program and file review.

## **Match**

The requirements for matching ESG funds are described in section 576.201 of the [ESG Interim Rule](#), and the requirements for documenting matching contributions are described in section 576.500(o). The matching requirement applies to the ESG recipient. HUD provides the recipient with the discretion to pass the match requirement on to the sub recipients. In the DuPage County Continuum of Care, sub recipients of State funds are required to allocate, track and report on match funds. Sub recipients of County ESG funds are also required to allocate, track and report on match funds with the exception of agencies providing Homelessness Prevention and Rapid Rehousing services as these funds are “pooled” and

provided only on as reimbursement of eligible costs. Match for County funded ESG HP and RR is allocated and tracked by the County ESG recipient.

## Providing Notice of VAWA Protections

### Violence Against Women Act (VAWA)

All CoC and ESG funded Homelessness Prevention and Rapid Rehousing providers must provide notice to program applicants and participants of their rights under VAWA. ESG program grantees must document that clients were informed of their rights and provided copies of the notices. A signed copy of acknowledgement must be maintained in client files. HUD provides detailed guidance on the scope and timing of this requirement in 24 CFR 578.99(j)(4) and 24 CFR 5.2005(a).

1) All CoC and ESG funded programs must provide applicants and participants HUD Form 5380: Notice of Occupancy Rights under the Violence Against Women Act form that explains the VAWA protections including the right to confidentiality, and any limitations on those protections.

a) HUD form 5380 must be provided to each person seeking or receiving CoC or other HUD-funded housing assistance at the following times:

- When an individual or family is denied permanent or transitional housing;
- When a program participant is admitted to permanent or transitional housing;
- When a program participant receives notification of eviction; and
- When a program participant is notified of termination of assistance.

b) If a program participant in an ESG or CoC funded program has not been notified of their rights under VAWA, and none of the above conditions apply, the program must provide HUD form 5380 at re-certification or lease renewal.

HUD forms 5380 and 5382, must be provided to each applicant and tenant and have the corresponding acknowledgement signed and include in the applicant file.

2) ESG and CoC funded programs using funds for rental assistance are required to include language in agreements with housing owners or landlords detailing VAWA protections, including notification, prohibited bases for eviction, limitations, and other requirements. This is covered in the HUD Lease Addendum HUD-91067 found in the Appendix Documents.

All rental assisted units need to have the VAWA lease addendum signed by the landlord unless the lease agreements incorporated the following as found in the VAWA Rule:

- Right for the lease to be broken without penalty, if the tenant qualifies for an emergency transfer, except for tenant based rental assistance
- Language that protects individuals from being denied access to housing and/or evicted from their housing on the basis of or as a direct result of being a survivor
- Construction of lease terms and terms of assistance
- Limitation of VAWA protections
- Confidentiality requirements

In the event that a landlord/property owner/management company is not willing to execute the VAWA Lease Addendum, alternative housing options and assistance should be presented to the household.

### **Emergency Transfer Plan**

One of the key provisions the 2013 VAWA updates and subsequent HUD regulations is the ability of an eligible program participant to be offered information about VAWA protections and the opportunity to request an Emergency Transfer from their housing unit to another, safer housing unit. The DuPage County Community Development Commission has amended its Notice of Occupancy Rights under the Violence Against Women Act (VAWA) Policy, which incorporates an updated Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, based on the U.S. Department of Housing and Urban Development's most recently published model emergency transfer plan, Form HUD-5381. The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance regarding safety and security. A copy of the Emergency Transfer Plan is included in the Appendix Documents.

ESG providers must adhere to the most recent Community Development Commission Notice of Occupancy Rights Under VAWA Policy, including the Emergency Transfer Plan (ETP), and incorporate the VAWA addendum for Homelessness Prevention and Rapid Rehousing providers. ESG subrecipients may choose to develop their own ETP. Any ESG subrecipient electing to develop their own ETP must base the plan on the most current HUD model ETP (Form HUD-5381), ensure the plan meets regulatory requirements associated with ESG, and must specify how the plan will operate.

Additional information is available at: <https://www.justice.gov/tribal/2013-and-2022-reauthorizations-violence-against-women-act-vawa>

### **Plan Approval History**

Service and Program Coordination Committee and CDC review: October to November 2025 Service and Program Coordination Committee Approval: November 2025

Leadership Review of Document: December 2025 Leadership

Approval of Final Document: January 2026

Approved Plan is inclusion in DuPage County Action Plan: March 2026

*Note: Public Comment or HUD suggested changes may warrant further review or changes to this plan.*

## Appendix Documents

1. Agency List and Communities Served
2. At a Glance Criteria for Definition of At Risk of Homelessness
3. Baseline Privacy Notice
4. Universal Intake Form
5. DuPage Continuum of Care Homelessness Prevention and Rapid Re-Housing Brochure
6. DuPage County CoC Authorization to Exchange Information for the Homelessness Prevention Provider Network
7. DuPage Homelessness Prevention Partnership Agreement (2026 - 2029)
8. At a Glance Criteria for Definition of Homelessness and Recordkeeping
9. Homelessness Eligibility and Verification Form
10. HUD Guidance Rent Reasonableness and Fair Market Rent
11. Rent Reasonableness and Certification Checklist
12. Income Limits, Fair Market Rents and Utility Allowance Schedule
13. CDC VAWA Policy
14. CDC Emergency Transfer Plan
15. CDC VAWA Addendum

## HPP AGENCY LIST AND COMMUNITIES SERVICED

Revised April 2025

| <b>Grant Funded</b>   |   |  | <b>Privately Funded</b>  |  |  |  |
|---|---|--|--|--|--|--|
| <b>PEOPLES RESOURCE CENTER</b><br>Grants: IDHS, EFSP and agency funds<br><b>(630) 682-5402</b><br>Serves all current PRC Clients in DuPage County   | <b>CATHOLIC CHARITIES</b><br>Grants: ESG, EFSP, IDHS, DCTP, Shelter Diversion and agency funds<br><b>(630) 495-8008</b><br>Addison<br>Bensenville *, **<br>Bolingbrook**<br>Burr Ridge*<br>Clarendon Hills*<br>Darien*<br>Downers Grove<br>Elmhurst<br>Itasca*<br>Lombard*<br>Medinah<br>Oakbrook<br>Oakbrook Terrace<br>Villa Park<br>Wood Dale*<br>Woodridge<br><br>Immigrant Support Program for DuPage County | <b>DUPAGE COUNTY</b><br>Grants: ESG, IDHS, & CBRAP application assistance***<br><b>(630) 407-6500</b><br><b>1-800-942-9412</b><br>Aurora**<br>Bartlett**<br>Bloomingdale<br>Glen Ellyn<br>Glendale Heights<br>Hanover Park**<br>Hinsdale*<br>Keeneyville<br>Lemont** (unincorp)<br>Lisle<br>Naperville<br>Ontarioville<br>Roselle<br>Wayne<br>West Chicago<br>Westmont*<br>Wheaton<br>Willowbrook*<br>Winfield | <b>Loaves &amp; Fishes Community Services (Naperville Cares)</b><br><b>(630) 355-3663 X4</b><br>Residents of Naperville, Aurora, members of a Naperville congregation, or households with children in District 203 or 204 schools.<br><br>IDHS Shelter Diversion for Kane County |  |  |  |
| <b>OUTREACH COMMUNITY MINISTRIES</b><br>Grants: IDHS, RRH, agency funds<br><b>(630) 260-7600</b><br>Carol Stream<br><b>(630) 682-1910</b><br>Glen Ellyn & Wheaton<br><b>(630) 393-7057</b><br>Warrenville & surrounding unincorporated areas<br><b>(331) 307-7124</b><br>Villa Park | <b>LOVE INC.</b><br><b>(630) 512-8665</b><br>Addison<br>Bensenville<br>Burr Ridge<br>Clarendon Hills<br>Darien Downers<br>Grove Elmhurst<br>Glen Ellyn<br>Hinsdale<br>Itasca Lisle<br>Lombard<br>Oakbrook<br>Oakbrook Terrace<br>Villa Park<br>Westmont<br>Willowbrook<br>Wood Dale<br>Woodridge  |  |  |  |  |  |
| *Geographically eligible for Salvation Army Funds distributed by Catholic Charities.<br>** Multi County.<br>*** CBRAP Application assistance is available for all who have received a court summons for rent arrears regardless of geography  |   |  |  |  |  |  |
| <b>Veterans Assistance</b>  |   |  |  |  |  |  |
| <b>Midwest Shelter for Homeless Veterans</b><br><br>Grant: SSVF (Veterans)  |   | <b>Veterans Assistance Commission of DuPage County</b><br><br><b>(630) 871-8387</b>  |  |  |  |  |
| Supportive Services for Low Income Homeless & At-Risk Veteran Families in DuPage<br><br>Multiple Counties Served: DeKalb, DuPage, Kane, Kendall, Grundy, LaSalle & Will   |   | DuPage County Veterans and their Widows, Spouses, or Dependents  |  |  |  |  |



# At Risk of Homelessness

| CRITERIA FOR DEFINING<br>AT RISK OF HOMELESSNESS | Category 1 | Individuals and Families         | An individual or family who:<br><br>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u><br><br>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u><br><br>(iii) Meets one of the following conditions:<br><br>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u><br><br>(B) Is living in the home of another because of economic hardship; <u>OR</u><br><br>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u><br><br>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u><br><br>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u><br><br>(F) Is exiting a publicly funded institution or system of care; <u>OR</u><br><br>(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan |
|--|------------|----------------------------------|---|
|  | Category 2 | Unaccompanied Children and Youth | A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute  |
|  | Category 3 | Families with Children and Youth | An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.   |



# HMIS Notice of Privacy Practices

Effective **8/11/2025**

## **THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

DuPage County Community Services Housing Supports & Self-Sufficiency and the Northeast Illinois Homeless Management Information System (HMIS)

### Overview

When you request services from DuPage County Community Services Housing Supports & Self-Sufficiency, information about you and members of your family is entered into a computer system called HMIS, or Homeless Management Information System. HMIS is a project of DuPage County Community Services in partnership with many organizations in northeast Illinois that provide homeless, health care, medical, and social services to persons and families in need. The information collected in HMIS will help us coordinate and provide better service, document the need for additional services, and generate reports such as the number of persons who are homeless or at risk of homelessness in northeast Illinois.

We intend our policy and practices to align with the Housing and Urban Development's (HUD) HMIS Data and Technical Standards and HMIS Data Standards<sup>1</sup>.

### What is Being Shared

This agency's staff and the Software Administrators have access to all data collected in HMIS, and the participating agencies have limited access as described below and online, [dupagehomeless.org/HMIS/Forms](http://dupagehomeless.org/HMIS/Forms). If further information is to be shared and is not covered by this notice, then a separate authorization will be required.

Information shared to participating agencies include:

- Protected Personal information (PPI) - Name, Date of Birth, and Social Security Number. PPI is information that allows identification of an individual directly or indirectly, can be manipulated by a reasonably foreseeable method to identify a specific individual, or can be linked with other available information to identify a specific client.
- Demographics – Race, Ethnicity, Gender, Veteran Status
- Project Enrollments – Project Name, Enrollment dates, Reason for Leaving a program, and the Housing Destination you left to.
- Case Manager's contact information (if one is assigned)

### How Your Information May Be Used

Unless restricted by law, the information can be used by:

- Authorized people who work in DuPage County Community Services Housing Supports & Self-Sufficiency, HMIS partner organizations for administrative purposes related to providing and coordinating services to you or your family, or for billing or funding purposes.

<sup>1</sup> <https://www.hudexchange.info/programs/hmis/>



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- Auditors or others who review the work of DuPage County Community Services Housing Supports & Self-Sufficiency or need to review the information to provide services to DuPage County Community Services Housing Supports & Self-Sufficiency.
- The HMIS system administrator(s), DuPage County Community Services and its designees, and the HMIS developer (WellSky) for administrative purposes (for example, to assist DuPage County Community Services Housing Supports & Self-Sufficiency by checking for data errors and identifying your potential eligibility for services).
- Individuals performing academic research who have signed a research agreement with DuPage County Community Services Housing Supports & Self-Sufficiency or DuPage County Community Services. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent.
- DuPage County Community Services Housing Supports & Self-Sufficiency or the DuPage County Community Services may use your information to create aggregate data that has your identifying information removed. Also, DuPage County Community Services Housing Supports & Self-Sufficiency may disclose to a third-party aggregate data so that the third party can create data that does not include any of your identifying information.
- Government or social services agencies that are authorized to receive reports of homelessness, abuse, neglect, or domestic violence, when such reports are required by law or standards of ethical conduct.
- A coroner or medical examiner or funeral director to carry out their duties.
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials.
- Law enforcement officials, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose information about other individuals. A court order or search warrant may be required.
- Others, to the extent that the law requires a specific use or disclosure of information. Information may be released to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; if the disclosure is made to a person or persons reasonably able to prevent or lessen the threat or harm, including the target of a threat.

**Other uses and sharing of your information will be made only with your written consent.**

## Your Rights Regarding Your Information in HMIS

- You have the right to opt-out of having your and your household members' information shared to partnering agencies in the Northeast Illinois Homeless Management Information System (HMIS). To do so, you must request and sign the "Request to Not Share Information in HMIS." Any information in the HMIS prior to signing the form will continue to be shared with the agencies as described in this notice.
- You may request a list of current HMIS partner organizations from DuPage County Community Services Housing Supports & Self-Sufficiency, DuPage County Community Services, or review the



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current list at [suburbancook.org/hmis](http://suburbancook.org/hmis). Northeast Illinois HMIS may add new HMIS partner organizations to this list at any time.

- You have the right to inspect and obtain a copy of your own protected personal information for as long as it is kept in the HMIS, except for information compiled in reasonable anticipation of, or for use in, a legal proceeding.
- You have the right to request a correction of your protected personal information when the information in the record is inaccurate or incomplete.

## Enforcement of Your Rights

If you believe your privacy rights have been violated, you may send a written complaint to DuPage County Community Services Housing Supports & Self-Sufficiency. If your complaint is not resolved to your satisfaction, you may send your written complaint to DuPage County Community Services.

Addresses are listed at the end of this Notice. You will not be retaliated against for filing a complaint.

DuPage County Community Services Housing Supports & Self-Sufficiency is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Notice. DuPage County Community Services Housing Supports & Self-Sufficiency reserves the right to change the Notice from time to time, and if it does, the change will affect all the information in the HMIS, not just the information entered after the change. The revised Notice will be posted at

[https://www.dupagecounty.gov/government/departments/community\\_services/privacy\\_notice.php](https://www.dupagecounty.gov/government/departments/community_services/privacy_notice.php)

You may request a copy of it from DuPage County Community Services HMIS Administrator:

DuPage County Community Services  
HMIS System Administrator  
421 N County Farm Road  
Wheaton, IL 60187  
630-407-6397  
[dupagehomeless.org/HMIS](http://dupagehomeless.org/HMIS)

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## Change History

- October 2009- Initial Policy was a part of client consent documents.



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- October 2012 - Adopted HUD's baseline privacy notice and detailed our implied consent disclosure process.
- October 2014 – Updated HUD's baseline privacy notice to include Suburban Cook County, address the name change of DuPage County HMIS to Northeast Illinois HMIS, and reflect the changes to the list of shared data elements.
- June 2021 – Complete reorganization, re-formatting, deduplication of statements, and adjusted level of language used. Added language around sharing of pre-existing data after a client refuses to share any new information. Moved to using Effective date rather than version numbers.
- April 2022 – Updated websites.
- January 2024 – Updated name of the form used to opt out of sharing information in HMIS. Added the name of the regional HMIS implementation, Northeast Illinois.

Agency's LOGO

Head of Household / All Adult HH Members

HMIS CLIENT ID#

PROJECT NAME



Fill-in after ServicePoint Entry

Entry Date (Project Start)

Date of Engagement (ES/so)

Housing Move-in Date (PH, PSH, RRH)

Month / Day / Year

Month / Day / Year

Month / Day / Year

NAME OF HEAD OF HOUSEHOLD (first, middle, last name, suffix (e.g., Jr, Sr, III))

|   |   |  | <input type="checkbox"/> Client doesn't know  | <input type="checkbox"/> Client refused |
|---|---|--|---|---|
| First Name  |   | Middle Name  | <input type="checkbox"/>  | <input type="checkbox"/>                |
| Last Name   |   | Alias/Suffix   | <input type="checkbox"/>  | <input type="checkbox"/>                |
| SSN   |   | Approx. or Partial<br>SSN Reported   | <input type="checkbox"/>  | <input type="checkbox"/>                |
| Veteran Status  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in ServicePoint.   |   |   |
| Relationship (to HoH)                                       | <b>i. SELF (Head of Household)</b><br>i. HoH's Child<br>i. HoH's Spouse/Partner             | i. HoH's Other Relation<br>i. Other: Non-Relation  | <b>Use a separate Initial Intake Assessment or HH Member Supplemental page for each additional HH member.</b> |   |
| Date of Birth   |   | Approx. or Partial<br>DOB Reported   | <input type="checkbox"/>  | <input type="checkbox"/>                |
| Gender<br><i>How does the client identify their gender?</i> | <i>You may choose all that apply unless it's 'Client doesn't know' or 'Client refused.'</i> | i. Male    i. Female    i. Transgender    i. Questioning<br>i. gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender) | <input type="checkbox"/>  | <input type="checkbox"/>                |
| Ethnicity   | i. Non-Hispanic/Latin(a)(o)(x)  | i. Hispanic/Latin(a)(o)(x)   | <input type="checkbox"/>  | <input type="checkbox"/>                |

|   |   |  |   |                          |                          |
|---|---|--|---|--------------------------|--------------------------|
| <p>Race</p> <p><i>You may choose all that apply unless you choose 'Client doesn't know' or 'Client refused'</i></p> | <p>i. American Indian, Alaska Native or Indigenous</p> <p>ii. Asian or Asian American</p> <p>iii. White</p> | <p>i. Black, African American or African</p> | <p>i. Native Hawaiian or Pacific Islander</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary Language  | <p>i. English</p> <p>ii. Spanish</p> <p>iii. Other, specify: _____</p>                                      |  |   |                          |                          |

|                                   |  |
|-----------------------------------|--|
| Domestic Violence Victim/Survivor | <p>i. Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>   |
|                                   | <p><b>(If Yes) how long ago was the last incident?</b></p>   |
|                                   | <p>i. Within the past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago</p> <p>ii. More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused</p> <p><b>(If Yes) are you currently fleeing?</b></p> <p>iii. Yes <input type="checkbox"/> No <input type="checkbox"/> Client Does Not Know <input type="checkbox"/> Client Refused</p> |

### DISABILITY ASSESSMENT

Does the client have a disabling condition expected to be of long duration and impedes ability to live independently?

i. Yes  No  Client doesn't know  Client Refused

| Disability Type | (If Yes) Start Date | Will the Condition be long term? | Disability Determination |                 |            | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
|-----------------|---------------------|----------------------------------|--------------------------|-----------------|------------|---|
|                 |                     |                                  | i. Yes                   | i. Doesn't Know | i. Refused |   |

|  |               |   |        |                 |        |                 |
|--|---------------|---|--------|-----------------|--------|-----------------|
| Alcohol Use Disorder<br><br>□ Yes <input type="checkbox"/> No<br><br>i. Client doesn't know<br><br>ii. Client Refused          | ____ / ____ / | Will the Condition be long term?<br><br>i. Yes<br>i. Doesn't Know<br>i. Refused | i. Yes | i. Doesn't Know | i. Yes | i. Doesn't Know |
|  |               |   | i. No  | i. No           | i. No  | ii. Refused     |
|  |               |   | Notes: |                 |        |                 |
| Alcohol and Drug Use Disorder<br><br>1. Yes <input type="checkbox"/> No<br><br>i. Client doesn't know<br><br>i. Client Refused | ____ / ____ / | Will the Condition be long term?<br><br>i. Yes<br>i. Doesn't Know<br>i. Refused | i. Yes | i. Doesn't Know | i. Yes | i. Doesn't Know |
|  |               |   | i. No  | i. No           | i. No  | ii. Refused     |
|  |               |   | Notes: |                 |        |                 |
| Chronic Health Condition<br><br>i. Yes <input type="checkbox"/> No<br><br>. Client doesn't know<br><br>i. Client Refused       | ____ / ____ / | Will the Condition be long term?<br><br>i. Yes<br>i. Doesn't Know<br>i. Refused | i. Yes | i. Doesn't Know | i. Yes | i. Doesn't Know |
|  |               |   | i. No  | i. No           | i. No  | ii. Refused     |
|  |               |   | Notes: |                 |        |                 |
| Developmental Disability<br><br>1. Yes <input type="checkbox"/> No<br><br>i. Client doesn't know<br><br>i. Client Refused      | ____ / ____ / | Will the Condition be long term?<br><br>i. Yes<br>i. Doesn't Know<br>i. Refused | i. Yes | i. Doesn't Know | i. Yes | i. Doesn't Know |
|  |               |   | i. No  | i. No           | i. No  | ii. Refused     |
|  |               |   | Notes: |                 |        |                 |

|                                    |               |       |        |             |                 |             |                 |
|------------------------------------|---------------|-------|--------|-------------|-----------------|-------------|-----------------|
| <b>Drug Use Disorder</b>           |               |       | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/> No | _____ / _____ | i. No | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| • Client doesn't know              | Notes:        |       |        |             |                 |             |                 |
| • Client Refused                   |               |       |        |             |                 |             |                 |
| <b>HIV/AIDS</b>                    |               |       | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/> No | _____ / _____ | i. No | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| • Client doesn't know              | Notes:        |       |        |             |                 |             |                 |
| • Client Refused                   |               |       |        |             |                 |             |                 |
| <b>Mental Health Disorder</b>      |               |       | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/> No | _____ / _____ | i. No | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| i. Client doesn't know             | Notes:        |       |        |             |                 |             |                 |
| i. Client Refused                  |               |       |        |             |                 |             |                 |
| <b>Physical Disability</b>         |               |       | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/> No | _____ / _____ | i. No | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| • Client doesn't know              | Notes:        |       |        |             |                 |             |                 |
| • Client Refused                   |               |       |        |             |                 |             |                 |

**Client Well-Being (PSH Programs Only):** Information Date: \_\_\_\_\_

|   | Strongly disagree     | Somewhat disagree     | Neither agree nor disagree | Somewhat agree        | Strongly agree        | Client doesn't know   | Client refused        |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Client perceives their life has value and worth.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Client perceives they have support from others who will listen to problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Client perceives they have a tendency to bounce back after hard times.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|   | Not at all            | Once a month          | Several                    | Several               | At least every day    | Client                | Client refused        |

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Client's frequency of feeling nervous, tense, worried, frustrated, or afraid | times a month         | times a week          | doesn't know          |                       |                       |
|  | <input type="radio"/> |

## Chronic Homeless Assessment

|  |   |  |
|--|---|--|
| <p><b>RESIDENCE PRIOR TO PROJECT ENTRY:</b> Where was the client sleeping last night? Or, in other words, what was the client's living situation just prior to entering this project? For non-residential programs (like HP) this is their current situation.</p> <p>Choose from Literally Homeless Situation OR Institutional Setting OR Temporary/PSH Situation. Once chosen, stay in that column.</p> |   |  |
| <p><b>1A. Homeless Situation</b></p> <p>i. Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)</p> <p>ii. Emergency Shelter (including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter)</p> <p>Safe Haven</p> <p>↓ Next Answer 2A: Length of Stay. ↓</p>                         | <p><b>1B. Institutional Situation</b></p> <p>Foster care home or foster care group home</p> <p>ii. Hospital or other residential non-psychiatric medical facility</p> <p>Jail, prison, or juvenile detention facility</p> <p>Long term care facility or nursing home</p> <p>Psychiatric hospital or other psychiatric facility</p> <p>vi. Substance Abuse Treatment Facility or detox center</p> <p>↓ Next Answer 2B: Length of Stay. ↓</p> | <p><b>1C. Temporary or Permanent Housing Situation</b></p> <p>i. Host Home (non-crisis)</p> <p>i. Hotel or motel paid for without ES voucher</p> <p>i. Owned by client, NO ongoing housing subsidy</p> <p>ii. Owned by client, with ongoing housing subsidy</p> <p>v. PH (other than RRH) for formerly homeless persons</p> <p>i. Rental by client, NO ongoing housing subsidy</p> <p>i. Rental by client, with RRH or equivalent subsidy</p> <p>i. Rental by client, with VASH housing subsidy</p> <p>ii. Rental by client with GPD TIP subsidy</p> <p>ii. Rental by client, other ongoing housing subsidy</p> <p>i. Rental by client, with an HCV (tenant or project)</p> <p>i. Rental by client in a public housing unit</p> <p>i. Residential/halfway house, NO homeless criteria</p> <p>ii. Staying or living with a family member</p> <p>ii. Staying or living with a friend</p> <p>xvi. Transitional Housing for homeless persons (including homeless youth)</p> <p>↓ Next Answer 2C: Length of Stay. ↓</p> |
| <p><b>2A: LENGTH OF STAY:</b> How long was the client in a Homeless Situation?</p>   | <p><b>2B: LENGTH OF STAY:</b> How long was the client in an Institutional Situation?</p>  | <p><b>2C: LENGTH OF STAY:</b> How long was the client in a Housing Situation?</p>  |

|                                 |   |   |
|---------------------------------|---|---|
| i. One Day or Less              | One Day or Less <sup>☞</sup>                    | i. One Day or Less <sup>☞</sup> 1 week        |
| ii. Two Days to One Week        | Two Days to One Week <sup>☞</sup> 3 months      | ii. Two Days to One Week <sup>☞</sup> or less |
| iii. > One Week but < One Month | > One Week but < One Month <sup>☞</sup> or less | iii. > One Week but < One Month               |
| iv. One to Three Months         | One to Three Months <sup>☞</sup>                | iv. One to Three Months                       |
| v. > three months, but < 1 year | > three months, but < 1 year                    | v. > three months, but < 1 year               |
| vi. One Year or Longer          | One Year or Longer                              | vi. One Year or Longer                        |
| vii. Client Does Not Know       | Client Does Not Know                            | vii. Client Does Not Know                     |
| viii. Client Refused            | Client Refused                                  | viii. Client Refused                          |

↓ Next Answer 3: Chronic Questions ↓

<sup>☞</sup> If the client reported Three Months or less, then answer the question below. If the client reports more than 3 months, the client is not chronic, skip the rest of this page.

**On the night before the Institutional Situation, did the client stay on the streets, in ES or SH?**

1. Yes (proceed below to 3: Chronic Questions)
2. No (the client is NOT Chronic, skip the rest of this page)

<sup>☞</sup> If the client reported One Week or less, then answer the question below.

**If the client reports 7 days or more AND is NOT entering ES, SH, or SO, then the client is not chronic, skip the rest of this page.**

**On the night before the TH/PH Housing Situation, did the client stay on the streets, in ES or SH?**

1. Yes (proceed below to 3: Chronic Questions)
2. No (the client is NOT Chronic, skip the rest of this page)

### 3: CHRONIC QUESTIONS: (depending on your answer in the above questions).

|   |  |
|---|--|
| 3.1: When did the client first become homeless? <i>Have the client look back to when they first became homeless (not this episode, but the very first time) and enter that approximate date.</i>  | M/D/Y  |
| 3.2: Approximate Date <u>this current episode</u> of homelessness began? <i>Have the client look back to the date of the last time the client had a place to sleep for more than 7 days that was not on the streets in ES or SH.</i>  | M/D/Y  |
| 3.3: Regardless of where they stayed last night -- Number of times (episodes) the client has been homeless on the streets, in ES, or SH in the past three years including today. <i>If this is the first time the client has been homeless in the past 3 years then the response is One Time.</i> | <ol style="list-style-type: none"> <li>i. One Time</li> <li>ii. Two Times</li> <li>iii. Three Times</li> <li>iv. Four or more times</li> <li>v. Client Doesn't Know</li> <li>vi. Client Refused</li> </ol> |
| 3.4: Total number of months on the street, in ES or SH in the past 3 years: <i>the number of cumulative but not necessarily consecutive months spent homeless.</i>  | Number of Months   |

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**CLIENT LOCATION**

*Choose the continuum where the client is located (in most cases this should be "IL-514 DuPage")*

|   |   |
|---|---|
| i. IL-502 Waukegan/North Chicago/Lake Cty   | i. IL-512 Bloomington/Central Illinois/Kankakee |
| i. IL-506 Joliet/Kendall/Grundy/Will County | i. IL-514 DuPage                                |
| i. IL-509 De Kalb                           | i. IL-517 Aurora/Elgin/Kane                     |
| i. IL-511 SubCook                           | i. IL-518 Northwest/LaSalle                     |

*Enter City the client most closely associates with—this might be the city of their last permanent address or it might be the city where the client currently spends the most time.*

**CLIENT ZIP:** \_\_\_\_\_

**CLIENT CITY:** \_\_\_\_\_

**CLIENT'S RESIDENCE (SSVF LAST PERMANENT ADDRESS)**

*For SSVF Projects, this is where the client lived for 90 days or more before coming to your project*

|                          |   |              |  |                   |  |
|--------------------------|---|--------------|--|-------------------|--|
| Client's Street Address  |   |              |  | Apt #             |  |
| City, Township           |   | State        |  | Zip               |  |
| Address Data Quality     | <p>i. Full Address Reported <input type="checkbox"/> Incomplete or estimated address reported</p> <p>ii. Client Does Not Know <input type="checkbox"/> Client Refused</p> |              |  |                   |  |
| Home Phone #             |   | Cell Phone # |  | Alternate Contact |  |
| Email Address            |   |              |  |                   |  |
| Start Date               |   | End Date     |  |                   |  |
| Address Type             | <p>i. After Program <input type="checkbox"/> Before Program</p> <p>ii. Before Program-Last Permanent <input type="checkbox"/> Program (while in your project)</p>         |              |  |                   |  |
| Client's Residence Notes |   |              |  |                   |  |

**EMERGENCY CONTACT (OPTIONAL)**

|   |  |  |     |       |
|---|--|--|-----|-------|
| Contact's Name  |  |  |     |       |
| Contact's Address   |  |  |     | Apt # |
| Contact's City  | Contact's State  |  | ZIP |       |
| Phone #   | Second Phone #   |  |     |       |
| Relationship to Client                                    |  |  |     |       |
| Start Date  | End Date   |  |     |       |
| Is there a release of information to contact this person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |     |       |

*Continue to Household Income*

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## HOUSEHOLD INCOME

Does the household have any current income?

i. i. No      i. Client Does Not Know

i. Client Refused

**If No**, move on to Household Income for AMI Below:

**If Yes:** Please indicate in each source if the household receives the income, and if they do, the household member receiving the income, the monthly amount (to the nearest dollar) of each source, and the income start date.

| Source  | If Yes, | HH Member | Amount | Start Date | HH Member | Amount | Start Date |
|---|---------|-----------|--------|------------|-----------|--------|------------|
| Earned Income                                 |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
|   |         |           | \$     |            |           | \$     |            |
| Unemployment Insurance                        |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| SSI: Supplemental Security Income             |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| SSDI: Social Security Disability Income       |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| VA Service Connected Disability Compensation  |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| Private Disability Insurance                  |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| Worker's Compensation                         |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| TANF: Temporary Assistance for Needy Families |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |
| General Assistance                            |         |           |        |            |           |        |            |
| i. Yes <input type="checkbox"/> No            | If Yes: |           | \$     |            |           | \$     |            |

|   |         |  |    |  |  |    |  |
|---|---------|--|----|--|--|----|--|
| Retirement Income from Social Security        |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |
| VA Non-Service Connected Disability Pension   |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |
| Pension or retirement income from another job |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |
| Child Support                                 |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |
| Alimony or Other Spousal Support              |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |
| Other Source (specify):                       |         |  |    |  |  |    |  |
| i. Yes <input type="checkbox"/> No            | If Yes: |  | \$ |  |  | \$ |  |

For Each **Individual** Household Member with income, record their individual total income from all sources below

| Household Member | Total Monthly Income | Household Member | Total Monthly Income |
|------------------|----------------------|------------------|----------------------|
|                  |                      |                  |                      |
|                  |                      |                  |                      |
|                  |                      |                  |                      |

**TOTAL MONTHLY HOUSEHOLD INCOME** \$ \_\_\_\_\_

**NUMBER OF HOUSEHOLD MEMBERS** \_\_\_\_\_

## FY2021 AREA MEDIAN INCOME (AMI)

| Household Size | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8        |
|----------------|---------|---------|---------|---------|---------|---------|---------|----------|
| 15% AMI        | \$817   | \$934   | \$1,050 | \$1,165 | \$1,259 | \$1,352 | \$1,446 | \$1,538  |
| 30% AMI        | \$1,633 | \$1,867 | \$2,100 | \$2,329 | \$2,517 | \$2,704 | \$2,892 | \$3,075  |
| 50% AMI        | \$2,721 | \$3,108 | \$3,496 | \$3,883 | \$4,196 | \$4,508 | \$4,817 | \$5,129  |
| 80% AMI        | \$4,350 | \$4,971 | \$5,592 | \$6,213 | \$6,713 | \$7,208 | \$7,704 | \$8,204  |
| 100% AMI       | \$5,442 | \$6,217 | \$6,992 | \$7,767 | \$8,392 | \$9,017 | \$9,633 | \$10,258 |

## **TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:**

## 50% AND ABOVE

## NON-CASH BENEFITS

Does the household currently receive any Non-Cash Benefits?

i. Yes      i. No      i. Client Does Not Know      i. Client Refused

**If No, move on to Health Insurance Below:**

**If Yes:** Please indicate in each source, the household member receiving the benefit, and the start date.

*(You may use "All" if all household members receive the benefit)*

| Source  | Start Date                 | Amount (optional) |
|---|----------------------------|-------------------|
| Supplemental Nutrition Assistance Program (Food Stamps)                       |                            |                   |
| i. Yes  | If Yes, Household Members: |                   |
| <input type="checkbox"/> No   |                            |                   |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |                            |                   |
| i. Yes  | If Yes, Household Members: |                   |
| <input type="checkbox"/> No   |                            |                   |
| TANF child care services  |                            |                   |

|                                       |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| i. Yes<br><input type="checkbox"/> No | If Yes, Household Members: |  |  |
| TANF transportation services          |                            |  |  |
| i. Yes<br><input type="checkbox"/> No | If Yes, Household Members: |  |  |
| Other TANF-Funded Services            |                            |  |  |
| i. Yes<br><input type="checkbox"/> No | If Yes, Household Members: |  |  |
| Other Source (specify):               |                            |  |  |
| i. Yes<br><input type="checkbox"/> No | If Yes, Household Members: |  |  |

## **COVERED BY HEALTH INSURANCE**

### Do household members currently have health insurance?

**If No - Continue to the next section**

If Yes: Please indicate in each source, the household member receiving the benefit, and the start date.

**Complete the following** (You may use "All" if all household members receive the benefit)

*Start Date*

|   |                            |  |
|---|----------------------------|--|
| Medicaid  |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Medicare  |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Illinois All Kids (State Children's Health Insurance Program) |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Veteran's Administration Medical Services                     |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Employer Provided Health Insurance                            |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Health Insurance obtained through COBRA                       |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Private Pay Health Insurance                                  |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| State Health Insurance for Adults                             |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Indian Health Services Program                                |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| Other   |                            |  |
| i. Yes <input type="checkbox"/> No                            | If Yes, Household Members: |  |
| If "Yes" to Other, Specify Source:                            |                            |  |

*end of health insurance questions*

**IDHS SUPPLEMENTAL (ALL IDHS HOMELESS PREVENTION PROJECTS)**

Food Stamp status at time of intake:  Currently Enrolled  Enrolled at Intake  Ineligible

LIHEAP status at time of intake:  Currently Enrolled  Enrolled at Intake  Ineligible

Reason client is seeking assistance:  Maintain current housing

- i. Move from current residence to other permanent housing
- ii. Move from shelter to permanent housing

**IDHS ETH/EF&S SUPPLEMENTAL (IDHS ETH ONLY)**

Number of other shelters used in prior year:  None  1  2  3  4  5 or more

Food Stamp status at time of intake:  Currently Enrolled  Enrolled at Intake  Ineligible

Emancipated minor or unaccompanied youth?  Yes  No

Ex-offender?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Pregnant Now?  Yes  No  Client Does Not Know  Client Refused

Is juvenile a parent (under age 18)?  Yes  No

**Initial Intake Assessment  
HH Member Supplemental**

**Head of Household Name:** \_\_\_\_\_

**HMIS Client ID#**

*Fill-in after ServicePoint Entry*

**Entry Date (Project Start)**

*Month / Day / Year*

**NAME OF HOUSEHOLD MEMBER** (first, middle, last name, suffix (e.g., Jr, Sr, III))

|   |   |   | Client<br>does not<br>know | Client<br>refused        |
|---|---|---|----------------------------|--------------------------|
| First Name  |   | Middle Name   | <input type="checkbox"/>   |                          |
| Last Name   |   | Alias/Suffix  | <input type="checkbox"/>   |                          |
| SSN   |   | Approx. or Partial<br>① <input type="checkbox"/><br>SSN Reported  | <input type="checkbox"/>   |                          |
| Veteran Status  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | <i>Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in ServicePoint.</i>   | <input type="checkbox"/>   |                          |
| Relationship<br>(to HoH)                                    | i. HoH's Child      ii. HoH's Spouse/Partner  | i. HoH's Other Relation      ii. Other: Non-Relation  | NA                         | NA                       |
| Date of Birth   |   | Approx. or Partial<br>DOB Reported  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Gender<br><i>How does the client identify their gender?</i> | <i>You may choose all that apply unless it's 'Client doesn't know' or 'Client refused.'</i> | i. Male      i. Female      i. Transgender      i. Questioning<br><br>i. gender that is not singularly 'Female' or 'Male'<br>(e.g., non-binary, genderfluid, agender, culturally specific gender) | <input type="checkbox"/>   | <input type="checkbox"/> |
| Ethnicity   | i. Non-Hispanic/Latino(a)(o)(x)   |   | <input type="checkbox"/>   | <input type="checkbox"/> |

|  |   |  |  |                          |                          |
|--|---|--|--|--------------------------|--------------------------|
|  | i. Hispanic/Latino(a)(o)<br>(x)   |  |  |                          |                          |
| Race: <i>You may choose all that apply unless you choose 'Client doesn't know' or 'Client refused'</i>                     | i. American Indian, Alaska Native, or Indigenous  | i. Black, African American, or African | i. Native Hawaiian or Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Asian or Asian American   | White                                  |  |                          |                          |
| Primary Language   | i. English  | i. S p a n i s h                       | i. Other, specify:                     |                          |                          |
| Domestic Violence Victim/Survivor  | i. Yes  | i. N o                                 |  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | (If Yes) how long ago was the last incident?  |  |  |                          |                          |
|  | i. Within the past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago<br>ii. More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |  |  |                          |                          |
| (If Yes) are you currently fleeing?  |   |  |  |                          |                          |
| iii. Yes <input type="checkbox"/> No <input type="checkbox"/> Client Does Not Know <input type="checkbox"/> Client Refused |   |  |  |                          |                          |

Continue to Disability Assessment

Client Name:

**DISABILITY ASSESSMENT**

**Does the client have a disabling condition expected to be of long duration and impedes ability to live independently?**  Yes  No  Client doesn't know  Client Refused

| Disability Type                      | (If Yes) Start Date | Will the Condition be long term? | Disability Determination |                 |                                |                 | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
|--------------------------------------|---------------------|----------------------------------|--------------------------|-----------------|--------------------------------|-----------------|---|
|                                      |                     |                                  | i. Yes                   | i. Yes          | i. Doesn't Know                | i. Yes          |   |
| <b>Alcohol Use Disorder</b>          |                     | / /                              | i. Yes<br>i. No          | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused  |
| i. Yes <input type="checkbox"/> No   | Notes:              |                                  |                          |                 |                                |                 |   |
| i. Client doesn't know               |                     |                                  |                          |                 |                                |                 |   |
| i. Client Refused                    |                     |                                  |                          |                 |                                |                 |   |
| <b>Alcohol and Drug Use Disorder</b> |                     | / /                              | i. Yes<br>i. No          | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused  |
| i. Yes <input type="checkbox"/> No   | Notes:              |                                  |                          |                 |                                |                 |   |
| i. Client doesn't know               |                     |                                  |                          |                 |                                |                 |   |
| i. Client Refused                    |                     |                                  |                          |                 |                                |                 |   |
| <b>Chronic Health Condition</b>      |                     | / /                              | i. Yes<br>i. No          | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused | i. Yes<br>i. No | i. Doesn't Know<br>ii. Refused  |
| i. Yes <input type="checkbox"/> No   | Notes:              |                                  |                          |                 |                                |                 |   |
| i. Client doesn't know               |                     |                                  |                          |                 |                                |                 |   |
| i. Client Refused                    |                     |                                  |                          |                 |                                |                 |   |
| <b>Developmental Disability</b>      |                     |                                  | i. Yes                   | i. Yes          | i. Doesn't Know                | i. Yes          | i. Doesn't Know   |

|                                       |        |        |             |                 |             |                 |
|---------------------------------------|--------|--------|-------------|-----------------|-------------|-----------------|
|                                       | / /    | i. No  | i. No       | ii. Refused     | i. No       | ii. Refused     |
| i. Yes <input type="checkbox"/><br>No | Notes: |        |             |                 |             |                 |
| i. Client doesn't know                |        |        |             |                 |             |                 |
| i. Client Refused                     |        |        |             |                 |             |                 |
| <b>Drug Use Disorder</b>              | / /    | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/><br>No | i. No  | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| Client doesn't know                   | Notes: |        |             |                 |             |                 |
| Client Refused                        |        |        |             |                 |             |                 |
| <b>HIV/AIDS</b>                       | / /    | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/><br>No | i. No  | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| Client doesn't know                   | Notes: |        |             |                 |             |                 |
| Client Refused                        |        |        |             |                 |             |                 |
| <b>Mental Health Disorder</b>         | / /    | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/><br>No | i. No  | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| i. Client doesn't know                | Notes: |        |             |                 |             |                 |
| i. Client Refused                     |        |        |             |                 |             |                 |
| <b>Physical Disability</b>            | / /    | i. Yes | i. Yes      | i. Doesn't Know | i. Yes      | i. Doesn't Know |
| i. Yes <input type="checkbox"/><br>No | i. No  | i. No  | ii. Refused | i. No           | ii. Refused |                 |
| Client doesn't know                   | Notes: |        |             |                 |             |                 |
| Client Refused                        |        |        |             |                 |             |                 |

## General Information

The DuPage County Continuum of Care Homelessness Prevention & Re-housing Services are designed to stabilize individuals and families in their existing homes, shorten the amount of time families and individuals stay in shelter, and assist individuals and families with securing affordable housing. Eligible households experiencing a short-term economic crisis may receive assistance to avoid eviction and homelessness. Services can also assist homeless individuals or families in securing housing by providing short-term financial assistance and/or other supports.

A network of collaborating community agencies receive and distribute an array of funding. The eligibility guidelines described within apply to government grants. Community Partners assist to expand options for assistance. As funds are limited, financial assistance from any provider may make a household ineligible for further financial assistance.

### **Services offered through this program include:**

- Rental Assistance
- Mortgage Assistance
- Security Deposit Assistance
- Supportive Services to help obtain and maintain housing

## Eligibility Criteria

All households must be able to meet and document the following eligibility criteria.

Additional eligibility criteria may apply:

- Must be moving into or currently residing in DuPage County
- Must be in danger of eviction, foreclosure or currently homeless
- Must document ability to meet future rent and monthly expenses through current income or the development of a Personal Recovery Plan
- Must disclose any assistance received in the past 24 months
- The landlord or mortgage company must agree to accept payment and stop current eviction/foreclosure proceedings upon receipt of signed rent assistance voucher

Most grants require the household to:

- Document an unexpected recent drop in income, economic crisis or extenuating circumstance
- Have a current lease
- Meet income guidelines
- Reside in a unit which meets standards of habitability and cost

DuPage County Continuum of Care Providers also offer the following to assist individuals and families establish or stabilize their housing:

- Referrals to emergency shelter or transitional housing programs
- Housing resources and subsidized housing information within DuPage County
- Tenant/landlord rights information
- Educational rights of homeless students information
- Referrals for legal services
- Referrals for food, clothing and other basic needs
- Referrals for healthcare coverage
- Referrals for education and employment services
- Referrals for financial & credit education
- Short-term case management services

### **To apply for services:**

Call DuPage County Community Services at (630) 407-6500 or (800) 942-9412 to speak with an Information & Referral Specialist about services and a referral to a community agency near you.

Some funding is limited to target populations, such as veterans or those currently residing in an emergency shelter.

Funding is dependent on grants received from various sources.

## DuPage County Continuum of Care

### Homelessness Prevention & Re-housing Service Providers

DuPage County Community Services

People's Resource Center

Catholic Charities

Outreach Community Ministries

Midwest Shelter for Homeless Veterans

### Community Partners

DuPage PADS

LOVE Christian Clearinghouse

Loaves and Fishes Community Services

360 Youth Services

Veterans Assistance Commission of  
DuPage County

*Legal assistance to maintain housing  
may be available through  
Prairie State Legal Services*

*Foreclosure mitigation and homeownership  
counseling is available through  
HOME DuPage*

Funding provided in part by the Illinois Department of Human Services, the Emergency Food and Shelter Program, Community Services Block Grant, Community Development Block Grant, and the U.S. Department of Housing & Urban Development



# Homelessness Prevention & Re-housing



[www.dupagehomeless.org](http://www.dupagehomeless.org)

**DU PAGE COUNTY CONTINUUM OF CARE**  
**AUTHORIZATION TO EXCHANGE INFORMATION**

For: \_\_\_\_\_

Applicant - Print First, Middle, & Last Name

Date of Birth

**REQUIRED CONSENT- SHARING WITHIN THE HOMELESS PREVENTION PROVIDER NETWORK**

- i. The following authorization is required for all adults applying for homeless prevention and re-housing services.
- ii. I authorize participating agencies in the Homeless Prevention Provider Network to receive, release or otherwise exchange information disclosed or received about me during my application for homeless prevention and re-housing services. These agencies include: Catholic Charities, Diocese of Joliet, DuPage County Community Services, HOME DuPage, Inc, Love Christian Clearinghouse, DuPage PADS, Loaves & Fishes Community Services, Outreach Community Ministries, People's Resource Center, Prairie State Legal Services, Warrenville Youth & Family Services, Wheaton Youth Outreach, DuPage County Veteran's Assistance Commission and Midwest Shelter for Homeless Veterans. This authorization may extend to and include agencies that may join the Homeless Prevention Provider Network including: Du Page Townships, 360 Youth Services, WEGO Together for Kids, Metropolitan Family Services.
- iii. If the agency accepting my application is an authorized user of HMIS: I acknowledge receipt of this agency's Privacy Notice notification. I understand relevant information about me and the services I apply for may be shared through the Northeast Illinois HMIS system as described in this Privacy Notice. As an applicant for homelessness prevention and re-housing services, I authorize Rapid Rehousing and Homelessness Prevention Service Providers of the Northeast Illinois HMIS system to view the additional data of: needs, referrals, services, the name of program enrolled in; program enrollment dates; reason for leaving the program; and housing destination after leaving the program.
- iv. Furthermore, I authorize participating agencies to exchange information disclosed by previous, current or future employer[s], landlord[s], mortgage companies, utility companies, other social service agencies and/or any other relevant source.
- v. I understand the purpose of any disclosure to include sharing of the aforementioned information is to verify information, determine eligibility, avoid duplication of and facilitate services for my household.
- vi. To the extent allowed by law, disclosure to include the exchange of the following specific information may be made: information included in application for assistance, personal identifying information about household members, wages and other income received or projected to be received; eligibility and receipt of services; information relating to housing stability or risk; educational and employment information; household goals, concerns and progress towards goals; current program and employment status; services approved and file documentation.
- vii. The information to be exchanged will be relevant to my request for assistance and/or to my household's Personal Recovery or Housing Stability Plan. I understand I have the right to inspect the information disclosed.

viii. This authorization is valid until: three (3) years from the date of last service. Refusal to authorize the disclosure to include the exchange of the aforementioned information may result in an inability to receive homeless prevention and re-housing services for this application.

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**SIGNATURE OF CLIENT OR GUARDIAN**

---

**DATE**

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**SIGNATURE OF AGENCY WITNESS**

---

**DATE**

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**DUPAGE COUNTY SERVICE AND PROGRAM COORDINATION PARTNERSHIP  
COMMUNITY PARTNERSHIP AGREEMENT  
2026 - 2029**

The DuPage County Service and Program Coordination Partnership is a vehicle for communication and coordination among agencies involved in providing assistance to prevent homelessness among DuPage County residents. It began in 1984 as the Homeless Prevention Partnership and consists of a commonly agreed upon set of principles, as well as consistent practices for distributing homeless prevention funding and avoiding duplication of services. Partner agencies in the Service and Program Coordination Partnership for 2026 – 2029 are: Catholic Charities Diocese of Joliet, DuPage County Community Services, DuPagePads, Outreach, People's Resource Center, and Midwest Shelter for Homeless Veterans. The partnership also includes organizations with extended resources to specific populations and/or supportive services only: DuPage County HMIS, H.O.M.E. DuPage, Inc., Loaves & Fishes Community Services, LOVE Christian Connection Center, Prairie State Legal Services, and the Veterans Assistance Commission of DuPage County. This mutual commitment and partnership promote accessibility, leveraging, wrap around services, collaboration, and effectively addresses homelessness through rapid re-housing and by preventing homelessness before it happens.

**Goals of the Service and Program Coordination Partnership include:**

- Rapidly re-house and prevent homelessness for at-risk residents in all geographic areas of DuPage County, ensuring accessibility to resources in high need locations
- Maximize effectiveness of assistance through a strong community partnership that ensures best practices and eliminates duplication of benefits
- Distribute direct housing assistance funds to those individuals and families already homeless or in danger of eviction or foreclosure in a client-centered environment, providing limited case management, wrap around services, referrals to other mainstream programs, budgeting assistance, and resource linkage
- Maximize coordination of efforts through a shared HMIS database and non-duplication list

**DuPage Service and Program Coordination Partnership agencies agree to the following:**

- Review and update as needed homeless prevention and rapid re-housing partnership principles, guidelines, policies and best practices
- Maintain regular communication through the HMIS and other means of communication
- Maintain regular and frequent contact to ensure high quality, efficient delivery of services
- Promote cooperative planning and service delivery as collaborative partners, ensuring that assistance is accessible and efficient
- Work to ensure overall continuance of homeless prevention funds and effective strategies to prevent homelessness

- Attend DuPage Service and Program Coordination Committee meetings to continually review partnership agreements and participate in working groups and committee activities
- Follow written standards as established in related policies as determined by specific funding sources (i.e., each ESG-funded program or project within the CoC's jurisdiction must participate in that CoC's coordinated entry and assessment system.)
- Collaboratively work to review and update an Action Plan for Emergency Services in the DuPage County Continuum of Care Plan to End Homelessness
- Annually report on Homeless Prevention rental assistance and outcomes as required using the DuPage CoC Homelessness Prevention Reporting form. Agencies which enter data in HMIS should use the HMIS report to the extent possible.

**Each Partner Agency distributing state or federal funds will provide the following services:**

- Screen clients for eligibility and financial assistance
- Provide case management, budgeting assistance, and guidance for clients who are eligible for direct housing assistance including accessing all services available through the community partnerships with the Service and Program Coordination Partnership
- Assess and refer clients to mainstream, government, and other community resources that can increase their self-sufficiency
- Participate in HMIS and allow participating agencies to view services records to avoid duplication of services, utilize the provided referral process feature, and provide similar information via the "HPP Non-Duplication & Service Coordination List"
- Comply with all local, state and national policies, procedures, guidelines, and requirements

**Each Partner Agency providing ONLY supportive services or services to special populations (i.e., DuPage County HMIS, H.O.M.E. DuPage, Inc., Loaves & Fishes Community Services, LOVE Christian Connection Center, Prairie State Legal Services, and Veterans Assistance Commission of DuPage County) will:**

- Screen and provide guidance for clients who are eligible for direct housing assistance, including accessing all services available through the community partnerships in the Service and Program Coordination Partnership
- Assess and refer clients to mainstream, government and other community resources that can increase client self-sufficiency
- Accept appropriate HPP client referrals from partner agencies and provide specialized and/or supportive services
- Participate in HMIS as appropriate and allow participating agencies to view HMIS services records to avoid duplication of services, utilize the provided referral process feature, and provide similar information via the "HPP Non-Duplication & Service Coordination List"

**2026 – 2029**  
**Service and Program Coordination Partnership Members**

Catholic Charities Diocese of Joliet \_\_\_\_\_ Title: \_\_\_\_\_

DuPage County Community Services \_\_\_\_\_ Title: \_\_\_\_\_

DuPage HMIS \_\_\_\_\_ Title: \_\_\_\_\_

DuPagePads \_\_\_\_\_ Title: \_\_\_\_\_

H.O.M.E. DuPage, Inc. \_\_\_\_\_ Title: \_\_\_\_\_

Loaves & Fishes Community Services \_\_\_\_\_ Title: \_\_\_\_\_

LOVE Christian Connection Center \_\_\_\_\_ Title: \_\_\_\_\_

Midwest Shelter for Homeless Veterans \_\_\_\_\_ Title: \_\_\_\_\_

Outreach Community Ministries \_\_\_\_\_ Title: \_\_\_\_\_

People's Resource Center \_\_\_\_\_ Title: \_\_\_\_\_

Prairie State Legal Services \_\_\_\_\_ Title: \_\_\_\_\_

Title: \_\_\_\_\_

Veterans Assistance Commission of  
DuPage County



# Homeless Definition

| CRITERIA FOR DEFINING HOMELESS | Category 1 | Literally Homeless                    | (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul> |
|--------------------------------|------------|---------------------------------------|--|
|                                | Category 2 | Imminent Risk of Homelessness         | (2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>   |
|                                | Category 3 | Homeless under other Federal statutes | (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>  |
|                                | Category 4 | Fleeing/Attempting to Flee DV         | (4) Any individual or family who: <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>   |



# Homeless Definition

| RECORDKEEPING REQUIREMENTS | Category 1 | Literally Homeless                    | <ul style="list-style-type: none"> <li>Written observation by the outreach worker; <u>or</u></li> <li>Written referral by another housing or service provider; <u>or</u></li> <li>Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li> <li>For individuals exiting an institution—one of the forms of evidence above <u>and</u>:           <ul style="list-style-type: none"> <li>discharge paperwork <u>or</u> written/oral referral, <u>or</u></li> <li>written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</li> </ul> </li> </ul>  |
|----------------------------|------------|---------------------------------------|--|
|                            | Category 2 | Imminent Risk of Homelessness         | <ul style="list-style-type: none"> <li>A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u></li> <li>For individual and families leaving a hotel or motel—evidence that they lack the financial resources <u>to stay</u>; <u>or</u></li> <li>A documented and verified oral statement; <u>and</u></li> <li>Certification that no subsequent residence has been identified; <u>and</u></li> <li>Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>   |
|                            | Category 3 | Homeless under other Federal statutes | <ul style="list-style-type: none"> <li>Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></li> <li>Certification of no PH in last 60 days; <u>and</u></li> <li>Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></li> <li>Documentation of special needs <u>or</u> 2 or more barriers</li> </ul>  |
|                            | Category 4 | Fleeing/Attempting to Flee DV         | <ul style="list-style-type: none"> <li><i>For victim service providers:</i> <ul style="list-style-type: none"> <li>An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li><i>For non-victim service providers:</i> <ul style="list-style-type: none"> <li>Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u></li> <li>Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u></li> <li>Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul> |

i. **Literally Homeless (Category 1;)** **Lacks a fixed, regular, and adequate nighttime residence, individual or family:**

Must meet ONE of three criteria below:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation;

*Required Documentation for criteria above:*

1. *Self-certification stating individual or household was living on the streets or in shelter*
2. Is living in a publicly or privately-operated shelter designated to

provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);

*Required Documentation for criteria above:*

1. *Written observation by the outreach worker, shelter provider or (if youth, the statement may be made by a homelessness liaison; OR*
2. *Written referral by another housing or service provider; OR*

i. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

*Required Documentation for criteria above:*

1. *One of the above forms of documentation of evidence and*
2. *Discharge paperwork or written/oral referral,*

*OR*

3. *Written record of the intake worker's due diligence to obtain above, and*
4. *Certification by the individual that they exited the institution*

Is this client chronically homeless?

Yes  No

The individual adult or adult in a family **MUST**:

Be currently literally homeless; AND

Have a Disability; AND  
Meet Duration Criteria:

**Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS**

i. **Imminent Risk of Homelessness (Category 2;)** Will imminently lose their primary nighttime residence including those with family or friends and being asked to leave within 14 days, provided that:

The individual or family must meet ALL THREE criteria below:

1. Residence will be lost within 14 days of the date of application for homeless assistance; and
2. No subsequent residence has been identified; and
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing

Required Documentation for criteria above:

1. Self-certification that no subsequent residence has been identified; AND
2. Self-certification other written documentation that the individual or family lacks the financial resource and support necessary to obtain permanent housing or if a Youth, lacks safe, alternate housing, financial or other resources and lacks other support networks

*AND*

3. A court order resulting from an eviction action notifying the individual or family that they must leave; or
4. For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
5. A documented and verified oral statement indicating how and when the residence will be lost. For Youth, Statement by youth that they cannot continue to stay at the place they have been AND written or oral verification from owner or renter of housing obtained by intake worker OR documentation of intake worker's attempts to verify information

**Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS**

**HUD must approve CoC Program  
funded projects to serve youth under Category 3.**

i. **Homeless under Other Federal Statutes** (Homeless Category 3); Unaccompanied youth under 25 years of age; or families with children (0-18) and youth (18-25), who do not otherwise qualify as homeless under definition, but who:

Must meet all four criteria below

1. Are defined as homeless under the other listed Federal Statutes; and

*Required Documentation for criteria above:*

1. Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute;
2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; and

*Required Documentation for criteria above:*

1. Certification of no permanent housing in the last 60 days
3. Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and

*Required Documentation for criteria above*

1. Certification by the individual or head of household, and any available documentation, that (s)he has moved two or more times in the past 60 days;
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers

*Required Documentation for criteria above*

1. Documentation of special needs or two or more barriers

i. **Fleeing or Attempting to Flee Domestic Violence (Category -4); Any individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence Or Youth fleeing or attempting to flee their housing or a place they are staying due to such conditions which have taken place in the household or has made them afraid to return to the housing including trading sex for housing, is being trafficked or physical abused, or fears violence due to his or her sexual orientation, and the youth has no safe, alternative housing, resources or support networks to obtain or maintain permanent housing who:**

Must meet all three criteria below

1. Is fleeing, or is attempting to flee, domestic violence; and
2. Has no identified subsequent residence; and
3. Lacks the resources or support networks to obtain other permanent housing.

*Required Documentation for criteria above:*

*For Victim Service Providers*

1. An oral statement by the individual or head of household seeking assistance which states; they are fleeing; that they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

*For non-Victim Service Providers*

2. Self-certification or certification by case worker of an oral statement by the individual, head of household or Youth seeking assistance that they are fleeing. If safety of the person(s) fleeing is not jeopardized, the oral statement must be verified through written observation by the intake worker or staff at other organizations including law enforcement, housing or service provider, social worker, homeless liaison or legal assistance provider has sought assistance from OR documentation of intake worker's attempts to verify information and certification of the statement by the youth or intake worker and
  3. Self-certification that no subsequent residence has been identified; and
4. Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

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**Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS,  
OPTIONS & SUPPORT NETWORKS**

## **At Risk of Homelessness**

### **i. Individuals & Families** (At Risk -Category 1 – Individual or family or Youth who:

Meets ALL Three below

1. Has an annual income below 30% of median family income for the area; AND
  1. Attach Income Eligibility Calculation
2. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
  1. Certification that no subsequent residence has been identified; and
  2. Self-certification or other written documentation that the individual or family lacks the financial resource and support necessary to obtain permanent housing (attach)
3. Meets one of the following conditions (provide appropriate documentation):
  - i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; or
  - ii. Is living in the home of another because of economic hardship; or
  - iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
  - iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; or
  - v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
  - vi. Is exiting a publicly funded institution or system of care; or
  - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in DuPage County approved Con Plan

### **i. Unaccompanied Children and Youth (At Risk -Category 2); A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute**

Must meet one criteria below

Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute;

### **x. Families and Children with Youth (At Risk –Category 3); An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.**

Must meet one criteria below

\_\_\_\_\_ Certification by the nonprofit or state or local government that the individual or head of household seeking assistance meet the criteria of homelessness under another Federal Statute.

**Attach documentation and completed SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS**

## SELF-DECLARATION OF HOUSING STATUS, OPTIONS & SUPPORT NETWORKS

Household without dependent children (complete one form for each adult in the household)  Household with dependent children (complete one form for household)

Number of persons in the household: \_\_\_\_\_

**This is to certify that the above-named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**

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**Check only one:**

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

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

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

None of the above, I [and my children] am at risk of homelessness

**I certify that the information above and any other information I have provided is true, accurate and complete.**

I have identified a subsequent residence for household members? \_\_\_\_\_ Yes \_\_\_\_\_ No

I {or my household} have the resources or support networks needed to obtain other permanent housing or, for Youth, other safe alternative housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Case Manager Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance. *Document attempt made for third-party verification below:*

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intake Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Rent Reasonableness and Fair Market Rent Under the Emergency Solutions Grants Program

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## ABOUT THIS RESOURCE

Providing rental assistance through the Emergency Solutions Grants (ESG) program requires understanding and adherence to **both** Fair Market Rents (FMRs) and rent reasonableness standards, to determine whether a specific unit can be assisted with short- or medium-term rental assistance. This resource provides an explanation of both concepts and describes how to determine and document compliance with each. In addition, it briefly describes some of the differences and similarities between rental assistance provided under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) and ESG. ESG recipients and their subrecipients can use this resource to develop policies, procedures, and documentation

## OVERVIEW

The ESG program Interim Rule allows short- and medium-term rental assistance to be provided to eligible program participants only when the rent, including utilities (gross rent<sup>1</sup>), for the housing unit:

- Does not exceed the Fair Market Rent (FMR) established by HUD for each geographic area, as provided under 24 CFR 888 and 24 CFR 982.503; **and**
- Complies with HUD's standard of rent reasonableness, as established under 24 CFR 982.507.<sup>2</sup>

This requirement is in the ESG program Interim Rule at 24 CFR 576.106(d).

### HPRP & ESG: Key Difference

**HPRP:** Rent must meet rent reasonableness standards.

**ESG:** Rent must meet rent reasonableness standards **and** cannot exceed HUD's published FMRs for the area.

In some communities, the reasonable rent for a specific unit may be lower than the FMR that has been established for the community.

<sup>1</sup> Gross rent is the sum of the rent paid to the owner plus, if the tenant pays separately for utilities, the monthly allowance for utilities established by the public housing authority for the area in which the housing is located. For purposes of calculating the FMR, utilities include electricity, gas, water and sewer, and trash removal services but not cable or satellite television service, or internet service. If the owner pays for all utilities, then gross rent equals the rent paid to the owner.

<sup>2</sup> The rent must be reasonable when compared to other units of similar location, type, size, and amenities within the community.

## **DETERMINING IF RENT IS ACCEPTABLE FOR ESG RENTAL ASSISTANCE**

Whether a household is seeking to maintain its current housing or relocate to another unit to avoid homelessness (Homelessness Prevention), or exiting homelessness into new housing (Rapid Re-Housing), the process for determining acceptable rent amounts is the same:

- The recipient or subrecipient first compares the gross rent (see box below) for the current or new unit with current FMR limits, which are updated annually.
- If the unit's gross rent is at or below FMR, the recipient/subrecipient next uses current data to determine rent reasonableness (more information is provided below on how to determine and document this).

**If the gross rent is at or below both the FMR **and** the rent reasonableness standard for a unit of comparable size, type, location, amenities, etc., ESG funds may be used to pay the rent amount for the unit.**

**If the gross rent for the unit exceeds either the rent reasonableness standard or FMR, ESG recipients are prohibited from using ESG funds for **any** portion of the rent, even if the household is willing and/or able to pay the difference. However, because the FMR and rent reasonableness requirements apply only to rental assistance, ESG funds may be used:**

- i. to pay for financial assistance and services to help the eligible program participant stay in the unit, or
- ii. to pay for financial assistance and services to locate and move to a different unit that meets the rent reasonableness standard and is at or below FMR and pay rental assistance in that unit.

Rent reasonableness and FMR requirements **do not apply** when a program participant receives only financial assistance or services under Housing Stabilization and Relocation Services. This includes rental application fees, security deposits, an initial payment of "last month's rent," utility payments/deposits, and/or moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair. (**Note:** "Last month's rent" may not exceed the rent charged for any other month; security deposits may not exceed 2 months' rent.)

### **Calculating the GROSS RENT AMOUNT**

To calculate the gross rent of a unit that is being tested by the FMR standard:

Total contract rent amount of the unit

+

Any fees required for occupancy under the lease (excluding late fees and pet fees)

+

Monthly utility allowance\* (excluding telephone) established by local PHA

=

Gross Rent Amount

## **WHAT IS THE FMR REQUIREMENT?**

HUD establishes FMRs to determine payment standards or rent ceilings for HUD-funded programs that provide rental assistance, which it publishes annually for 530 metropolitan areas and 2,045 non-metropolitan county areas. Federal law requires that HUD publish final FMRs for use in any fiscal year on October 1—the first day of the fiscal year (FY). FMRs for each fiscal year can be found by visiting HUD's website at [www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html) and clicking on the current "Individual Area Final FY20\_ FMR Documentation" link. This site allows recipients/subrecipients to search for FMRs by selecting their state and county from the provided list. The site also provides detailed information on how the FMR was calculated for each area.

Recipients/subrecipients must consult the most current FMR published for their geographic area and document FMR for all units for which ESG funds are used for rental assistance.

To calculate the gross rent for purposes of determining whether it meets the FMR, consider the entire housing cost: rent plus the cost of utilities that must, according to the lease, be the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash. However, telephone, cable or satellite television service, and internet service are not included in FMRs, and are not allowable costs under ESG. The FMR also does not include pet fees or late fees that the program participant may accrue for failing to pay the rent by the due date established in the lease.

HUD sets FMRs to ensure that a reasonable supply of modest but adequate rental housing is available to HUD program participants. To accomplish this objective, FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many low-income families as possible.

### **Example:**

A case manager is looking to rapidly re-house a mother and son, and has identified a 2-bedroom unit at a rent of \$1,200 per month, not including utilities (the tenant's responsibility). The utility allowance established by the PHA is \$150. Therefore, the gross rent is \$1,350. A check of three similar units in the neighborhood reveals that the reasonable rent is \$1,400 for that area of the city. However, the FMR for the jurisdiction is \$1,300. This means the unit is reasonable.

**Note:** Once a unit is determined to meet the FMR and rent reasonableness requirements, ESG funds may be used to pay for the actual utility costs. The utility allowance calculation is only used to determine whether the unit meets the FMR standard.

## **Determining and Documenting FMR**

Recipients/subrecipients must ensure that the rent for units assisted under the ESG Program does not exceed current HUD-published FMRs for their particular geographic region.

Determining FMR standards is straight forward; no geographic area has more than one FMR standard. However, if a recipient/subrecipient covers multiple cities or counties, they must use the appropriate FMR for the geographic area in which the assisted rental unit is located.

Recipients/subrecipients should print and place in case files a copy of the applicable FMR data to document the FMR for that participant's unit size and geographic area.

## WHAT IS THE RENT REASONABILITY REQUIREMENT?

HUD's rent reasonableness standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. Methods of determining and documenting rent reasonableness are described in the section below. For units within the FMR limit, if a rent reasonableness determination supports a **lower** rent than the advertised rent, then ESG funds may not be used to rent the unit (unless the landlord is willing to lower the rent). However, as with FMR, ESG funds could be used to assist the program participant to move to a different unit that meets both the FMR and rent reasonableness standards. If the rent reasonableness determination supports the advertised rent (and is within the FMR limit), rental assistance with ESG funds may be provided for the unit, as long as all other program requirements are met.

### **Determining and Documenting Rent Reasonableness**

Recipients are responsible for determining what documentation is required in order to ensure the rent reasonableness standard is met. Recipients and subrecipients should determine rent reasonableness by considering the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities to be provided by the owner. Comparable rents can be checked by using a market study of rents charged for units

of different sizes in different locations or by reviewing advertisements for comparable rental units. For example, a participant's case file might include the unit's rent and description, a printout of three comparable units' rents, and evidence that these comparison units shared the same features (location, size, amenities, quality, etc.). Another acceptable method of documentation is written verification

signed by the property owner or management company, on letterhead, affirming that the rent for a unit assisted with ESG funds is comparable to current rents charged for similar unassisted units managed by the same owner.

Recipients must establish their own written policies and procedures for documenting comparable rents and ensure that they are followed when documenting rent reasonableness in the case file. A recipient may require all subrecipients to use a specific form or a particular data source. Use of a single form to collect data on rents for units of different sizes and locations will make the data collection process uniform. A sample "Rent Reasonableness Checklist and Certification" form is available at:

[www.hud.gov/offices/cpd/affordablehousing/library/forms/rentreasonablechecklist.doc](http://www.hud.gov/offices/cpd/affordablehousing/library/forms/rentreasonablechecklist.doc)

**Note:** This sample form is used across different housing programs.

Before conducting its own study of rent levels in its community, a recipient/subrecipient should consult existing sources of rental housing data that can be used to establish comparable rents.

The section below describes some different sources of information on rental units to help recipients and subrecipients meet rent reasonableness requirements. Each recipient must

#### **Caution**

Comparable rents vary over time with market changes, so it is important to ensure that the comparison you are using is up-to-date and appropriate for each prospective unit.

determine which approach is appropriate for its jurisdiction, given the size of its program, other housing programs it administers, local staff capacity, and other resources available within the community.

## Rental Housing Data Sources

**Public sources of data:** There may be organizations within the recipient's jurisdiction that collect and aggregate data on the rental housing stock, such as a state or local Public Housing Agency (PHA) or the local Chamber of Commerce.

**Real estate advertisements and contacts:** Ads in newspapers or online are simple ways to identify comparable rents. The following are potential sources of information:

- i. Newspaper ads (including internet versions of newspaper ads);
- ii. Weekly or monthly neighborhood or "shopper" newspapers with rental listings;
- iii. "For Rent" signs in windows or on lawns;
- iv. Bulletin boards in community locations, such as grocery stores, laundromats, churches, and social service offices;
- v. Real estate agents;
- vi. Property management companies that handle rental property; and
- vii. Rental Listing websites like:  
[www.apartmentguide.com](http://www.apartmentguide.com)  
[www.apartments.com](http://www.apartments.com)  
[www.forrentmag.com](http://www.forrentmag.com)  
[www.move.com/apartments/main.aspx](http://www.move.com/apartments/main.aspx)

**Tip:** Real estate ads and contacts might not provide all the information the recipient requires to determine rent reasonableness. In such instances, a follow-up call to obtain the missing information may be required.

Newspaper and internet listings often contain either the lowest rent or the range of rents when there is variation among units with the same number of bedrooms. The recipient should follow up to determine what causes the rents to vary (e.g., unit size, location within the development, number of bathrooms, amenities), and then document these factors.

**Rental market study:** A rental market study is an in-depth analysis of a particular rental market that is often prepared by independent organizations for specific communities. Commercial firms will frequently conduct these studies before developing rental housing in a particular location.

They can provide a good source of data to use as the basis of a rent reasonableness policy.

However, some rental market studies may be narrowly focused on a particular type of rental housing (such as housing for seniors or rental condominiums) and might be useful only for certain housing units assisted with ESG funds.

**Rental market survey:** A rental market survey provides a comparison of various landlords and property management companies in the area. Some local governments conduct surveys to assist with planning activities. Additionally, local associations of

**Tip:** When using either a market study or a market survey, it is very important to understand what is and is not included in the rent reported. For example, surveys/studies may report rents with all, some, or no utilities included. When comparing unassisted market units with ESG-assisted units, it is important to consider whether utilities and other amenities are included in the rent.

rental owners and managers may survey their members periodically and publish the results. Many of these surveys report average rents and/or rent ranges by the number of bedrooms and submarket location. However, such surveys frequently do not contain the detailed information required for rent reasonableness comparisons, such as amenities (free parking, laundry, etc.) or additional fees that must be paid. Rental market surveys are designed to show the overall picture of the rental market and may not be useful in evaluating the rent for a particular unit type.

**Rental database:** For HPRP, some grantees found it useful to build their own rental database in order to perform more efficient searches for comparable rents. Building a rental database allows the majority of work to be completed on the front end, which increases the efficiency of making

rent reasonableness determinations and allows assistance to be provided more quickly. However, there are serious resource issues to consider for this option, including updating the data and maintaining the database, which can be labor-intensive and costly. If choosing this option, ESG recipients in close proximity to one another may choose to collaborate on a regional database.

#### Rural Housing Data Sources

While there may be fewer rental units in rural areas than in urban and suburban areas, it is possible to find comparable rents for different unit types located in these areas using various data sources, including:

- i. **U.S. Department of Agriculture's Rural Development Agency (USDA):** USDA provides direct and guaranteed loans for single and multi-family housing development in rural areas and for farm laborers. Contact information for Rural Development State and Local Offices or USDA Service Centers is available at [www.rurdev.usda.gov/recd\\_map.html](http://www.rurdev.usda.gov/recd_map.html). Each Rural Development Office, if it has a Rural Housing component, should provide information on the types of rental housing available in communities throughout the state, and include unit sizes and rental rates.
- ii. **PHAs:** If a rural community is also under the jurisdiction of a PHA, the PHA may be a source of comparable rent data.
- iii. **Real estate agents:** Local real estate agents are not only knowledgeable about real estate prices but often are a source of information on rental housing in the area. They may be able to extrapolate rent estimates based on the general cost of housing in the area. To find real estate agents active in particular communities, recipients can consult the National Association of Realtors on the web at [www.realtor.org](http://www.realtor.org). For demographic information on the housing stock, market trends, etc., recipients should access [www.realtor.org/research](http://www.realtor.org/research).

## COMPONENTS OF AN EFFECTIVE POLICY

For monitoring purposes, HUD will determine whether the recipient/subrecipient developed a written policy and followed that policy to determine and document that:

1. The rent was reasonable; **and**
2. The rent was within the established FMR limit.

The basis for the determination must be supported by the evidence documented in the case file. Therefore, adequate documentation will enable a supervisor or other entity charged with monitoring the program to readily identify the factors and process that resulted in the determination that each unit met HUD requirements.

Recipients'/subrecipients' policies and procedures must be transparent and consistently applied across their program, and result in decisions that comply with HUD requirements. At a minimum, an effective policy includes a methodology, documentation requirements, staffing assignments, and strategies for addressing special circumstances.

This means that policies and procedures should provide step-by-step guidance on making comparisons between the program participant's rent, the FMR, and the rent reasonableness standards for comparable units in that community. This includes the documentation to be included in each case file, such as forms and/or case notes from the staff making the

determination. For example, a recipient could create a policy where a provider must consider the rents of three comparable units and allow as “reasonable” only rents that fall within \$50 of the average of the three comparable rents. In this example, a rent could be paid that is slightly higher than some of the individual comparable units. That rent would still be considered “reasonable” under the recipient’s policy—but rent could only be paid if it is **also** at or below the FMR.

## **STAFF ROLES AND RESPONSIBILITIES**

Recipients/subrecipients should have a procedure in place to ensure that compliance with rent reasonableness and FMR are documented prior to a check for rent being approved and/or prepared. The responsibility of determining and documenting each unit’s compliance with these standards may be assigned to one or more program staff, such as the case manager, clerical support staff, or a staff member who is assigned to conduct habitability inspections. One staff person may perform all the checks, or the tasks may be divided among more than one staff. For example, for rent reasonableness, one staff member could conduct a telephone survey of the property owner/landlords, while another searches rental databases for comparable properties.

## RENT REASONABLENESS CHECKLIST AND CERTIFICATION

|                           | Proposed Unit | Unit #1 | Unit #2 | Unit #3 |
|---------------------------|---------------|---------|---------|---------|
| Address                   |               |         |         |         |
| Number of Bedrooms        |               |         |         |         |
| Square Feet               |               |         |         |         |
| Type of Unit/Construction |               |         |         |         |
| Housing Condition         |               |         |         |         |
| Location/Accessibility    |               |         |         |         |
| Amenities                 |               |         |         |         |
| Unit:                     |               |         |         |         |
| Site:                     |               |         |         |         |
| Neighborhood:             |               |         |         |         |
| Age in Years              |               |         |         |         |
| Utilities (type)          |               |         |         |         |
| Unit Rent                 |               |         |         |         |
| Utility Allowance         |               |         |         |         |
| Gross Rent                |               |         |         |         |
| Handicap Accessible?      |               |         |         |         |

### CERTIFICATION:

#### 3. Compliance with Payment Standard

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of

\$\_\_\_\_\_.

4. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [ ] is [ ] is not reasonable.

|       |            |       |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

## ESG Income Limit

### Area Median Income (AMI) for DuPage County

Effective 06/01/2025

| HOUSEHOLD SIZE | Extremely Low Income 0-30%AMI* | Very Low Income 31-50%AMI | Low Income 51-80% AMI |
|----------------|--------------------------------|---------------------------|-----------------------|
| 1              | \$25,200                       | \$42,000                  | \$67,150              |
| 2              | \$28,800                       | \$48,000                  | \$76,750              |
| 3              | \$32,400                       | \$54,000                  | \$86,350              |
| 4              | \$35,950                       | \$59,950                  | \$95,900              |
| 5              | \$38,850                       | \$64,750                  | \$103,600             |
| 6              | \$41,750                       | \$69,550                  | \$111,250             |
| 7              | \$44,600                       | \$74,350                  | \$118,950             |
| 8              | \$47,500                       | \$79,150                  | \$126,600             |

1. AMI listed for ESG eligibility purposes effective 4/01/2021

### Final FY 2026 Fair Market Rents\*

Effective 10/01/2025

**For DuPage County and Cities of Naperville and Wheaton**

|                   | 0 Bdrm  | 1 Bdrm  | 2 Bdrm  | 3 Bdrm  | 4! Bdrm | 5 Bdrm**  | 6 Bdrm** |
|-------------------|---------|---------|---------|---------|---------|-----------|----------|
| iFair Market Rent | \$1,480 | \$1,581 | \$1,781 | \$2,294 | \$2,653 | \$2,3,051 | \$3,449  |

**NOTES:**

"Ttiese are maximum rents, including utilities.. If He tenant is to pay utilities, a utility allowance must be subtracted from tn,e figures in this table to determine the maximum contract rent.

\*\*FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four bedroom FMR, for each extra bedroom. For example, the FMR for a five bedroom unit is

1.15 times the four bedroom FMR, and the FMR for a six bedroom unit is 1.30 times the four bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero bedroom (efficiency), FMR.

**2025 UTILITY ALLOWANCE SCHEDULE**

EFFECTIVE JANUARY 1, 2025

|  | <b>0 BR</b> | <b>1 BR</b> | <b>2 BR</b> | <b>3 BR</b> | <b>4 BR</b>  | <b>5 BR</b>  | <b>6 BR</b>  |
|--|-------------|-------------|-------------|-------------|--------------|--------------|--------------|
| <b><u>ELECTRIC</u></b>   |             |             |             |             |              |              |              |
| <b>Lights, etc. (Other Electric) Includes Monthly Electric Fee</b> |             |             |             |             |              |              |              |
| Apartments/Townhouse/Rowhouse/Highrise                             | \$35        | \$39        | \$47        | \$55        | \$64         | \$72         | \$77         |
| House (single family detached)                                     | \$44        | \$49        | \$61        | \$73        | \$86         | \$98         | \$105        |
| <b>Cooking-All Unit Types</b>                                      | <b>\$5</b>  | <b>\$6</b>  | <b>\$8</b>  | <b>\$11</b> | <b>\$13</b>  | <b>\$16</b>  | <b>\$17</b>  |
| <b>Water Heating-</b><br>Apartment, Townhouse, Rowhouse, High-Rise | \$13        | \$15        | \$19        | \$23        | \$28         | \$32         | \$34         |
| <b>Water Heating -</b><br>House (Single Family Detached)           | \$16        | \$19        | \$24        | \$29        | \$34         | \$40         | \$43         |
| <b>Heating</b>   |             |             |             |             |              |              |              |
| Apartments / Townhouse / Rowhouse / Highrise                       | \$22        | \$25        | \$34        | \$44        | \$53         | \$62         | \$67         |
| House (Single Family Detached)                                     | \$51        | \$60        | \$70        | \$80        | \$91         | \$101        | \$109        |
| <b>NATURAL GAS</b>   |             |             |             |             |              |              |              |
| <b>Cooking-All Unit Types</b>                                      | <b>\$2</b>  | <b>\$2</b>  | <b>\$3</b>  | <b>\$3</b>  | <b>\$5</b>   | <b>\$5</b>   | <b>\$6</b>   |
| <b>Water Heating-</b><br>Apartment, Townhouse, Rowhouse, High-Rise | \$4         | \$5         | \$7         | \$9         | \$11         | \$13         | \$15         |
| House (Single Family Detached)                                     | \$5         | \$6         | \$9         | \$11        | \$14         | \$16         | \$17         |
| <b>Heating</b>   |             |             |             |             |              |              |              |
| Apartments/Townhouse/Rowhouse/High-Rise                            | \$15        | \$18        | \$21        | \$24        | \$27         | \$30         | \$33         |
| House (Single Family Detached)                                     | \$22        | \$26        | \$30        | \$34        | \$39         | \$43         | \$47         |
| <b>Monthly Gas Fee-All Unit Types</b>                              | <b>\$22</b> | <b>\$22</b> | <b>\$22</b> | <b>\$22</b> | <b>\$22</b>  | <b>\$22</b>  | <b>\$22</b>  |
| <b>MISCELLANEOUS</b>   |             |             |             |             |              |              |              |
| <b>Water-All Unit Types</b>  | <b>\$41</b> | <b>\$63</b> | <b>\$79</b> | <b>\$95</b> | <b>\$111</b> | <b>\$127</b> | <b>\$138</b> |
| <b>Sewer-All Unit Types</b>  | <b>\$28</b> | <b>\$24</b> | <b>\$33</b> | <b>\$43</b> | <b>\$52</b>  | <b>\$62</b>  | <b>\$68</b>  |
| <b>Trash-All Unit Types</b>  | <b>\$14</b> | <b>\$24</b> | <b>\$24</b> | <b>\$24</b> | <b>\$24</b>  | <b>\$24</b>  | <b>\$24</b>  |
| <b>Refrigerator-All Unit Types</b>                                 | <b>\$12</b> | <b>\$12</b> | <b>\$12</b> | <b>\$12</b> | <b>\$12</b>  | <b>\$12</b>  | <b>\$12</b>  |
| <b>Range-All Unit Types</b>  | <b>\$11</b> | <b>\$11</b> | <b>\$11</b> | <b>\$11</b> | <b>\$11</b>  | <b>\$11</b>  | <b>\$11</b>  |
| <b>Air Conditioning</b>  |             |             |             |             |              |              |              |
| Apartments/Townhouse/Rowhouse/Highrise                             | \$3         | \$4         | \$5         | \$7         | \$9          | \$10         | \$11         |
| House (Single Family Detached)                                     | \$3         | \$3         | \$7         | \$11        | \$14         | \$18         | \$20         |
| <b>TOTAL ALLOWANCES</b>  |             |             |             |             |              |              |              |

# Notice of Occupancy Rights Under the Violence Against Women Act (VAWA)

**Policy** (Approved by the HOME Advisory Group on 08/07/2018; Updated and Approved by HOME Advisory Group 09/01/2020; Updated and Approved by HOME Advisory Group 11/07/2023; Updated and Approved by HOME Advisory Group 12/02/2025)

## 1. Overview:

First introduced in 1994 and subsequently reauthorized four times, 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. Authority – 24 CFR Part 5 – Subpart L:

This subpart addresses the regulation for protections for victims of domestic violence, dating violence, sexual assault, or stalking who are applying for, or are the beneficiaries of, assistance under a Department of Housing and Urban Development (HUD) program covered by the Violence Against Women Act (VAWA), as amended (42 U.S.C.13925 and 42 U.S.C. 14043e *et seq.*) (“covered housing program,” as defined in § 5.2003). Notwithstanding the title of the statute, protections are not limited to women but cover victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. Consistent with the nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a), victims cannot be discriminated against on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD’s VAWA requirements must be applied in a manner consistent with the definitions found at 34 U.S.C. 122291(a)(12) (Domestic Violence), 34 U.S.C. 122291(a)(13) (Economic Abuse) and 34 U.S.C. 122291(a)(40) (Technological Abuse).

## 3. Applicability to Covered Housing Programs administered by the Community Development Commission:

**Core statutory protections of VAWA** that prohibit denial or termination of assistance or eviction solely because an applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking applied upon enactment of VAWA 2013 on March 7, 2013.

- a. HOME Investment Partnerships (HOME) Program (24 CFR Part 92). The Violence Against Women Act (VAWA) requirements set forth in [24 CFR part 5, subpart L](#), apply to all HOME tenant-based rental assistance and rental housing assisted with HOME funds.
  - i. Effective date. Compliance with VAWA regulatory requirements under 24 CFR Part 92 and 24 CFR Part 5, Subpart L, are required for any tenant-based rental assistance or rental housing project for which the date of the HOME funding commitment is on or after *December 16, 2016*.
  - ii. Period of applicability. For HOME-assisted rental housing, VAWA requirements and compliance apply to the owner of the housing for the duration of the period of affordability. For HOME tenant-based rental assistance, VAWA requirements and compliance apply to the owner of the tenant's housing for the period for which the rental assistance is provided.

b. Emergency Solutions Grant (ESG) Program (24 CFR Part 570). The Violence Against Women Act (VAWA) requirements set forth in [24 CFR part 5, subpart L](#), apply to all eligibility and termination decisions that are made with respect to ESG rental assistance on or after *December 16, 2016*. Further, the requirements under 24 CFR Part 5, Subpart L, must be included or incorporated into rental assistance agreements and leases.

i. Emergency shelters. Emergency shelters funded under 24 CFR 576.102 cannot deny admission or remove an individual or family from the emergency shelter on the basis or as a direct result of the fact the individual or family is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the individual or family otherwise qualifies for admission or occupancy.

4. **Rights, and Responsibility for the Community Development Commission, Subrecipients, Landlords, and Tenants:**

a. **Tenant Protections, Rights, and Responsibilities.** Prospective tenants cannot be denied admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. A tenant can be evicted for repeated lease violations that are not related to domestic violence, dating violence, sexual assault, and stalking. Landlords, homeowners, tenants, residents, occupants, and guests of, and applicants for, housing shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance. The tenant, to the greatest extent feasible, will have the right to work with the landlord, subrecipients, and the Community Development Commission (CDC) to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

b. **Landlord Protections, Rights, and Responsibilities.** The landlord has the ability to adjust the 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 (refer to section 5). A landlord cannot deny a prospective tenant admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. The landlord, to the greatest extent feasible, will have the right to work with the tenant, subrecipients, and the Community Development Commission to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

c. **Subrecipient Protections, Rights, and Responsibilities.** The subrecipient has the responsibility to report any instances where a landlord has denied a prospective tenant admission or denied assistance because they have been a victim of domestic violence, dating violence, sexual assault, or stalking. They also have the responsibility to assist landlords in adjusting the 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 (refer to section 5). The subrecipient, to the greatest extent feasible, will have the right to work with the tenant, landlords, and the Community Development Commission to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

d. **Community Development Commission Protections, Rights, and Responsibilities.** Upon a tenant request, the CDC, to the greatest extent feasible, will work with affiliate agencies providing affordable housing to permit a tenant to move to another unit due to an incidence of domestic violence, dating violence, sexual assault, or stalking, and threats, pending availability of comparable units and need. All requests will remain confidential to the greatest extent feasible.

The CDC, to the greatest extent feasible, will have the responsibility to work with the tenant, landlords, and if needed, victim service providers, legal service providers, or nonprofit agencies to provide services to work on a solution on a case-by-case basis while remaining confidential and in the best interest of the tenant.

Upon guidance issued by HUD, the CDC on behalf of the County will report on its laws or policies, and/or their Subrecipient's laws or policies, that penalize protected persons based on requests for law enforcement or emergency assistance or based on criminal activity that occurred at a property. Certification of compliance with protections or an explanation of how compliance will be met by the County and/or its Subrecipients will be provided as required by HUD in accordance with reporting requirements.

5. **Notification Requirements:** Each applicant and each tenant must be notified of occupancy rights and certification under VAWA. Use of Form HUD-5380 *Notice of Occupancy Rights Under the Violence Against Women Act* and Form HUD-5382 *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation* may be used for notification requirements. Specific requirements for covered housing programs administered by the CDC are as follows:

- a. HOME-assisted units. The owner of HOME-assisted rental housing must provide the VAWA notice and certification form described in [24 CFR 5.2005\(a\)](#) to the applicant for a HOME-assisted unit upon admission or denied admission to a HOME-assisted unit, and notification of eviction from a HOME-assisted unit.
- b. HOME Tenant-Based-Rental Assistance (TBRA). DuPage County operates the TBRA program through Subrecipient agencies that are members of the DuPage CoC. The Subrecipient must provide the VAWA notice and certification form described in [24 CFR 5.2005\(a\)](#) to the applicant for TBRA assistance upon approval or denial of TBRA, with notification of termination of TBRA, and when the Subrecipient learns the tenant's housing owner intends to provide the tenant with an eviction notice.
- c. ESG rental assistance. The Subrecipient must provide the VAWA notice and certification form described in [24 CFR 5.2005\(a\)](#) to each applicant for ESG rental assistance and each program participant receiving ESG rental assistance when an individual or family is denied assistance, an individual or family's application for

a unit receiving project-based rental assistance is denied, when a program participant begins receiving assistance, is notified of assistance termination, and is notified of eviction.

**6. Prohibition on Retaliation:**

Retaliation is prohibited in covered housing. It is illegal for Public Housing Agency (PHA), owner, or manager of covered housing to discriminate against any person because that person has opposed any act or practice made unlawful by VAWA's housing provisions, or because that person testified, assisted, or participated in any real matter.

It is also illegal for Public Housing Agency (PHA), owner, or manager of covered housing to coerce, intimidate, threaten, interfere with, or retaliate against any person who exercises, assists, or encourages a person to exercise any rights or protections under VAWA's housing provisions.

**7. Emergency Transfer Plan:**

The DuPage County Consortium Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, has been updated, based on HUD's most recent model emergency transfer plan, Form HUD-5381, and is attached for reference. Subrecipients receiving applicable funding under a covered housing program may develop an Emergency Transfer Plan, utilizing the most current HUD model emergency transfer plan, Form HUD-5381, and ensuring the plan meets regulatory requirements associated with the specific covered housing program, or utilize the DuPage County Consortium Emergency Transfer Plan.

**8. Lease Bifurcation:**

- a. The housing owner may bifurcate a lease, or remove a household member from a lease in order to evict, remove, terminate occupancy rights, or terminate assistance to such member who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking against an affiliated individual or other individual:
  - i. Without regard to whether the household member is a signatory to the lease; and
  - ii. Without evicting, removing, terminating assistance to, or otherwise penalizing a victim of such criminal activity who is also a tenant or lawful occupant.
- b. A lease bifurcation shall be carried out in accordance with any requirements or procedures as may be prescribed by Federal, State, or local law for termination of assistance or leases and in accordance with any requirements under the relevant covered housing program.
- c. HOME bifurcation of lease requirements.

- i. If a family living in a HOME-assisted rental unit separates due to domestic violence, dating violence, sexual assault, or stalking, the remaining tenant(s) may remain in the HOME-assisted unit.
  - ii. If a family receiving HOME tenant-based rental assistance separates due to domestic violence, dating violence, sexual assault, or stalking, the remaining tenant(s) will receive HOME tenant-based rental assistance.
- d. ESG bifurcation requirements.
  - i. If a family receiving tenant-based rental assistance separates due to domestic violence, dating violence, sexual assault, or stalking, the family's tenant-based rental assistance and utility assistance, if any, shall continue for the family member(s) who are not evicted or removed.
  - ii. If a family living in a unit receiving project-based rental assistance separates due to domestic violence, dating violence, sexual assault, or stalking, the family member(s) who are not evicted or removed can remain in the assisted unit without interruption to the rental assistance or utility assistance provided for the unit.

**9. Right to Report Crime and Emergencies:**

- a. Landlords, homeowners, tenants, residents, occupants, and guests of, and applicants for, housing shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance. Penalizing or threatening to penalize persons because they request assistance or report criminal activity of which they are a victim or otherwise not at fault under the laws or policies adopted or enforced by covered governmental entities (any municipal, county, or State government that receives funding under section 106 of the Housing and Community Development Act of 1974) is prohibited.
- b. Covered governmental entities are required to report on their laws or policies or their subgrantees' law or policies, that penalize protected persons based on request for law enforcement or emergency assistance or based on criminal activity that occurred at a property. These entities must also certify compliance with these protections or explain how they will come into compliance or ensure compliance among subgrantees within 180 days of submitting the report to HUD. Implementation regulations or guidance will be issued by HUD regarding the timing and process of the reporting.

**10. Confidentiality:**

Subrecipients, and landlords receiving Federal funds through the Community Development Commission must keep confidential any information related to tenant rights under VAWA. The CDC must not allow any individual administering assistance or other services on behalf of the CDC 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. The CDC, subrecipients, and landlords receiving Federal funds, however, may disclose information provided if:

- a. Written permission is received from the tenant to release the information on a time limited basis
- b. Information is needed in an eviction or termination proceeding, such as to evict an abuser or perpetrator or terminate the abuser or perpetrator from the CDC assisted unit
- c. A law requires the release of the information

VAWA does not limit the 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.

**11. Other Laws and Non-Compliance:**

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. Tenants 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. All complaints or violations should be submitted to the HUD Chicago Regional Office either by phone at (312) 353-5680 or by mail:

Ralph Metcalfe Federal Building  
77 West Jackson Boulevard  
Chicago, Illinois 60604

Complaints may also be filed with HUD's Office of Fair Housing and Equal Opportunity (FHEO) electronically at <https://www.hud.gov/fairhousing/fileacomplaint%20>.

**12. Appeals:**

Appeals of a Federal regulation or requirement cannot be granted by the Commission as the Commission only has the ability to grant appeals based on County policies. However, should a landlord and/or tenant not reach a satisfactory outcome compliant with VAWA, tenant/landlord disputes would be referred to the appropriate local legal resource.

**13. Attachments:**

The following forms have been developed by HUD and may be provided to tenants by covered housing providers administering one or more covered housing programs. These forms may be updated by HUD from time to time, and the most recent versions must be utilized by housing providers.

- a. Form HUD-5380, Notice of Occupancy Rights under VAWA
- b. Form HUD-5381, Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking
- c. Form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation
- d. Form HUD-5383, Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

- e. DuPage County Consortium Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

If a covered housing provider wishes to develop and utilize forms outside of those developed by HUD, each form must meet the requirements under VAWA.

### **Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER’S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

#### **What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

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<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, [ENTER SPECIFIC CONTACT INFORMATION, WEBSITE, AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER OR A COPY OF THE APPLICABLE VAWA EMERGENCY TRANSFER PLAN]. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2028

| Covered Housing Program(s)  | Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.  |
|---|---|
| HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program | Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.   |
| Permanent supportive housing funded by the Continuum of Care Program  | The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.  |
| Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)                                  | If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.<br><br>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing. |
| Section 202/811 PRAC and SPRAC  | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.   |
| Section 202/8   | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.<br><br>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.  |
| Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO  | The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.   |
| HOPWA   | The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.  |

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

**DRAFTING NOTES FOR COVERED HOUSING PROVIDERS (MUST NOT APPEAR WORD FOR WORD IN PLAN):**

*This model contains only general provisions of an emergency transfer plan that apply across the covered HUD programs. Adoption of this model plan without further information addressing how the emergency transfer plan will operate is not sufficient to meet a covered housing provider's responsibility to adopt an emergency transfer plan. Covered housing providers (CHPs) must consult applicable regulations and program-specific HUD guidance when developing their own emergency transfer plans to ensure their plans contain all required elements. Instructions in brackets and drafting notes in italics throughout this document are provided to assist CHPs in drafting their policies and should be removed in the actual plan. “[CHP ACRONYM]” MUST BE REPLACED WITH THE ACRONYM OF THE COVERED HOUSING PROVIDER.*

**MODEL EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING**

**[INSERT NAME OF CHP; FOR HOPWA PROVIDERS - INSERT NAME OF GRANTEE**

“[CHP ACRONYM]” is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act of 1994, as amended (“VAWA”), [CHP ACRONYM] allows any tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. VAWA protections are not limited to women. Victims cannot be discriminated against on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance regarding safety and security. The plan is based on Federal regulations at 24 Code of Federal Regulations (CFR) part 5, subpart L, related program regulations, and the model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD). HUD is the Federal agency that oversees that [INSERT NAME OF PROGRAM OR RENTAL ASSISTANCE] is in compliance with VAWA.

**Definitions**

- **External emergency transfer** refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit. [CHP CAN PROVIDE EXAMPLES OF EXTERNAL TRANSFERS.]
- **Internal emergency transfer** refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process. [CHP CAN PROVIDE EXAMPLES OF INTERNAL TRANSFERS.]
- **Safe unit** refers to a unit that the victim of VAWA violence/abuse believes is safe.
- **VAWA violence/abuse** means an incident or incidents of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in 24 CFR 5.2003 and “Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking” (Form HUD-5382).

## **Eligibility for Emergency Transfers**

A tenant may seek an emergency transfer to another unit if they or their household member is a victim of VAWA violence/abuse, as outlined in the “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380. This emergency transfer plan provides further information on emergency transfers, and [CHP ACRONYM] must provide a copy if requested. [CHP ACRONYM] may ask for submission of a written request for an emergency transfer, such as form HUD-5383, to certify eligibility for the emergency transfer.

### **A Tenant is eligible for an emergency transfer if:**

1. The tenant (or their household member) is a victim of VAWA violence/abuse;
2. The tenant expressly requests the emergency transfer; **AND**
3. **EITHER**
  - a. The tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if they or (their household member) stays in the same dwelling unit; **OR**
  - b. If the tenant (or their household member) is a victim of sexual assault, either the tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if the tenant (or their household member) were to stay in the unit, or the sexual assault occurred on the premises and the tenant requested an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

[CHP ACRONYM], in response to an emergency transfer request, should not evaluate whether the tenant is in good standing as part of the assessment or provision of an emergency transfer. Whether or not a tenant is in good standing does not impact their ability to request an emergency transfer under VAWA.

## **Emergency Transfer Policies**

[INSERT CHP’S EMERGENCY TRANSFER POLICIES, INCLUDING THE FOLLOWING, WHERE APPLICABLE]

### **Internal transfers when a safe unit is immediately available:**

[INSERT CHP’S POLICIES, INCLUDING TIME FRAMES FOR APPROVING OR DENYING AN EMERGENCY TRANSFER REQUEST, ONCE A FULL REQUEST IS RECEIVED AND ABSENT ANY CONFLICTING OR MISSING INFORMATION; POSSIBLE INTERNAL TRANSFER OPTIONS (AS APPLICABLE, AND WITHOUT DISCLOSING THE VICTIM’S LOCATION); AND PRIORITY STATUS RELATIVE TO OTHER TENANTS SEEKING TRANSFERS.]

### **Internal transfers when a safe unit is not immediately available:**

[INSERT CHP’S POLICIES, INCLUDING TIME FRAMES FOR APPROVING OR DENYING AN EMERGENCY TRANSFER REQUEST, POSSIBLE INTERNAL TRANSFER OPTIONS (AS APPLICABLE, AND WITHOUT DISCLOSING THE VICTIM’S LOCATION), AND PRIORITY STATUS RELATIVE TO OTHER TENANTS SEEKING TRANSFERS.]

### **External transfers:**

[INSERT CHP'S POLICIES, INCLUDING CHP'S ROLE IN FACILITATING EXTERNAL EMERGENCY TRANSFERS; IDENTIFYING AND DESCRIBING ANY TRANSFER AGREEMENTS WITH OUTSIDE CHPs; REFERRALS TO COMMUNITY PARTNERS AND AFFORDABLE HOUSING OPTIONS; TIME FRAMES FOR APPROVING OR DENYING AN EMERGENCY TRANSFER REQUEST, ONCE A FULL REQUEST IS RECEIVED AND ABSENT ANY CONFLICTING OR MISSING INFORMATION; AND PRIORITY STATUS GIVEN TO VAWA VICTIMS SEEKING EXTERNAL TRANSFERS INTO CHP'S PROPERTY.]

[INSERT POLICIES AND PROCEDURES FOR ASSISTING TENANTS WITH HOUSING CHOICE VOUCHERS OR OTHER TENANT-BASED RENTAL ASSISTANCE WHO QUALIFY FOR AN EMERGENCY TRANSFER TO MOVE QUICKLY WITH THAT ASSISTANCE.]

VAWA provisions do not supersede eligibility or other occupancy requirements that may apply under a covered housing program. [CHP ACRONYM] may be unable to transfer a tenant to a particular unit if the tenant cannot establish eligibility for that unit.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify [INSERT SPECIFIC CONTACT INFORMATION, WEBSITE, E-MAIL ADDRESS; AND/OR INSTRUCTIONS FOR REQUESTING AN EMERGENCY TRANSFER.] If [CHP ACRONYM] does not already have documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking, [CHP ACRONYM] may ask for this documentation in accordance with 24 CFR 5.2007. Unless [CHP ACRONYM] receives documentation that contains conflicting information, as described in 24 CFR 5.2007(b)(2), [CHP ACRONYM] cannot require third-party documentation to determine status as a VAWA victim for emergency transfer eligibility. [CHP ACRONYM] will provide reasonable accommodations to this policy for individuals with disabilities.

#### **IF CHP REQUIRES A WRITTEN REQUEST FOR AN EMERGENCY TRANSFER**

The tenant's written request for an emergency transfer must include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if the tenant (or household member) stays in the same dwelling unit; OR
2. In the case of a tenant (or household member) who is a victim of sexual assault, either a statement that the tenant reasonably believes there is a threat of imminent harm from further violence or trauma if the tenant (or household member stays in the same dwelling unit), or a statement that the sexual assault occurred on the premises and the tenant requested an emergency transfer within 90 days (including holidays and weekend days) of when the assault occurred.

Form HUD-5383 may be used for making a written request for an emergency transfer.

#### **DRAFTING NOTES FOR CHPs (MUST NOT APPEAR WORD FOR WORD IN PLAN)**

- *The emergency transfer plan must include the length of time (at least 14 business days) that the tenant has to provide the requested documentation of VAWA victim status.*
- *CHPs are not required to request documentation from a tenant seeking an emergency transfer. However, if a CHP elects to require documentation from tenants seeking an emergency transfer, then the documentation requirement must be included in the CHP's emergency transfer plan and must comply with 24 CFR 5.2005(e)(10).*

- *CHPs do not have to require that emergency transfer requests be written. The request may be oral or written, at the CHP's option, but the CHP must make its policy and procedures clear in this plan.*
- *CHPs cannot require any third-party documentation in order to determine whether a tenant seeking an emergency transfer is a VAWA victim, unless CHP receives documentation of VAWA violence/abuse that contains conflicting information.*

## Priority for Transfers

Tenants who qualify for an emergency transfer under VAWA will be given the following priority over other categories of tenants seeking transfers and individuals seeking placement on waiting lists.

[INSERT ANY MEASURE OF PRIORITY GIVEN UNDER THIS EMERGENCY TRANSFER PLAN.]

### **DRAFTING NOTES FOR CHPs (MUST NOT APPEAR WORD FOR WORD IN PLAN)**

- *The emergency transfer plan must detail the measure of any priority given to tenants who qualify for an emergency transfer under VAWA in relation to other categories of tenants seeking transfers and individuals seeking placement on waiting lists.*
- *The emergency transfer plan must allow a tenant to make an internal emergency transfer under VAWA when a safe unit is immediately available.*
- *The emergency transfer plan must ensure that requests for internal emergency transfers under VAWA receive, at a minimum, any applicable additional priority that the CHP may already provide to other types of emergency transfer requests.*
- *CHPs should also refer to the applicable program regulations to determine if priorities or admission preferences apply with respect to external emergency transfers.*

## Confidentiality

If a tenant inquires about or requests any VAWA protections or represents that they or a household member are a victim of VAWA violence/abuse entitled to VAWA protections, [CHP ACRONYM] must keep any information they provide concerning the VAWA violence/abuse, their request for an emergency transfer, and their or a household member's status as a victim strictly confidential. This information should be securely and separately kept from tenant files. All the information provided by or on behalf of the tenant to support an emergency transfer request, including information on the Certification Form (HUD-5382) and the Emergency Transfer Request Form (HUD-5383) (collectively referred to as "Confidential Information") may only be accessed by [CHP ACRONYM] employees or contractors if explicitly authorized by [CHP ACRONYM] for reasons that specifically call for those individuals to have access to that information under applicable Federal, State, or local law.

Confidential information must not be entered into any shared database or disclosed to any other entity or individual, except if:

- Written permission by the victim in a time-limited release;
- Required for use in an eviction proceeding or hearing regarding termination of assistance; or
- Otherwise required by applicable law.

In addition, HUD's VAWA regulations require emergency transfer plans to provide strict confidentiality measures to ensure that the location of the victim's dwelling unit is never disclosed to a person who committed or threatened to commit the VAWA violence/abuse. Accordingly, [INSERT ANY SPECIFIC MEASURES HERE.]

## **Emergency Transfer Procedure**

[CHP ACRONYM] cannot specify how long it will take from the time a transfer request is approved until the tenant can be placed in a new, safe unit. [CHP ACRONYM] will, however, act as quickly as possible to assist a tenant who qualifies for an emergency transfer. If [CHP ACRONYM] identifies an available unit and the tenant believes that unit would not be safe, the tenant may request a transfer to a different unit. [CHP ACRONYM] may be unable to transfer a tenant and their household to a particular unit if the tenant and their household has not established or cannot establish eligibility for that unit.

If [CHP ACRONYM] does not have any safe and available units for which the tenant is eligible, [CHP ACRONYM] will assist the tenant in identifying other covered housing providers who may have safe and available units to which the tenant could move. At the tenant's request, [CHP ACRONYM] will also assist the tenant in contacting the local organizations offering assistance to victims of VAWA violence/abuse that are attached to this plan.

## **Making the Emergency Transfer Plan Available**

[INSERT CHP'S POLICY FOR MAKING THE EMERGENCY TRANSFER PLAN AVAILABLE UPON REQUEST AND, WHEN FEASIBLE, PUBLICLY AVAILABLE.]

### **DRAFTING NOTES FOR CHPs (MUST NOT APPEAR WORD FOR WORD IN PLAN)**

- *All materials must ensure effective communication with individuals with disabilities, including making materials available in alternative accessible formats, as well as providing reasonable accommodations.*
- *Additionally, CHP must have VAWA forms available in the language(s) outlined in their language access plan to meet limited English proficiency (LEP) obligations.*

## **Safety and Security of Tenants**

When [CHP ACRONYM] receives any inquiry or request regarding an emergency transfer, [CHP ACRONYM] will encourage the person making the inquiry or request to take all reasonable precautions to be safe, including seeking guidance and assistance from a victim service provider. However, tenants are not required to receive guidance or assistance from a victim service provider.

For additional information on VAWA and to find help in your area, visit

<https://www.hud.gov/vawa>.

[INSERT CONTACT INFORMATION FOR LOCAL ORGANIZATIONS OFFERING ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING.]

### **DRAFTING NOTES FOR CHPs (MUST NOT APPEAR WORD FOR WORD IN PLAN)**

- *Including a section on "Safety and Security of Tenants" and additional resources is encouraged, but not required.*
- *If CHP's have arrangements, including memoranda of understanding with other CHPs to facilitate moves, this information should be attached to the emergency transfer plan as well.*

**Public reporting burden** for this collection of information is estimated to range from four to eight hours per each covered housing provider's response, depending on the covered housing program. This includes the time to develop program and project-specific

emergency transfer policies and develop contacts with local service providers. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. This is a model plan and covered housing providers in programs covered by VAWA may, at their discretion, use it to develop their own emergency transfer plans, as required under 24 CFR 5.2005(e). While HUD does not intend to collect emergency transfer plans, HUD may access these plans to ensure compliance with the regulations. A Federal 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.

## CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

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

**1. Name(s) of victim(s):** \_\_\_\_\_

**2. Your name (if different from victim's):** \_\_\_\_\_

**3. Name(s) of other member(s) of the household:** \_\_\_\_\_  
\_\_\_\_\_

**4. Name of the perpetrator (if known and can be safely disclosed):** \_\_\_\_\_

**5. What is the safest and most secure way to contact you? (You may choose more than one.)**

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone      Phone Number: \_\_\_\_\_

Safe to receive a voicemail:       Yes       No

E-mail      E-mail Address: \_\_\_\_\_

Safe to receive an email:  Yes       No

Mail      Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider:  Yes       No

Other      Please List: \_\_\_\_\_

**6. Anything else your housing provider should know to safely communicate with you?**

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**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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 VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of housing assisted under a covered housing program, or if you are receiving transitional housing or rental assistance under a covered housing program, you may use this form to request an emergency transfer and certify that you qualify for an emergency transfer under the Violence Against Women Act (“VAWA”). This form refers to domestic violence, dating violence, sexual assault, or stalking as “VAWA violence/abuse.”

**VAWA protects individuals and families regardless of a victim’s age, sex, or marital status.**

**You may request an emergency transfer when:**

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **or**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

A covered housing provider, in response to an emergency transfer request, should not evaluate whether you are in good standing as part of the assessment or provision of an emergency transfer. Whether or not you are in good standing does not impact your ability to request an emergency transfer under VAWA.

However, submitting this form does not necessarily mean that you will receive an emergency transfer. See your covered housing provider’s VAWA Emergency Transfer Plan for more information about VAWA emergency transfers and see “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380, for additional housing rights you may be entitled to.

**Am I required to submit any documentation to my covered housing provider?** Your covered housing provider may request documentation proving that you, or a household member, are a victim of VAWA violence/abuse, in addition to completing this emergency transfer request form. The request can be met by completing and submitting the VAWA Self-certification Form (Form HUD-5382), unless the covered housing provider receives conflicting information about the VAWA violence/abuse. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may, instead, choose to submit that documentation to your covered housing provider. See “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380, for more information.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I need this information in a language other than English?** To read this in Spanish or another language, please contact [INSERT COVERED HOUSING PROVIDER'S CONTACT INFORMATION; FOR HOPWA PROVIDERS – INSERT GRANTEE NAME AND CONTACT INFORMATION] or go to [INSERT WEBSITE, IF APPLICABLE]. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**TO BE COMPLETED BY OR ON BEHALF OF THE TENANT REQUESTING AN EMERGENCY TRANSFER**

1. **Name(s) of victim(s):** \_\_\_\_\_

2. **Your name (if different from victim's):** \_\_\_\_\_

3. **Name(s) of other household member(s):** \_\_\_\_\_

4. **Name(s) of other household member(s) who would transfer with the victim:** \_\_\_\_\_

5. **Name of the perpetrator (if known and can be safely disclosed):** \_\_\_\_\_

6. **Address of location from which the victim seeks to transfer:** \_\_\_\_\_

7. **Current Unit Size (# of bedrooms):** \_\_\_\_\_

8. **What is the safest and most secure way to contact you? (You may choose more than one.)**

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone Number: \_\_\_\_\_  
Safe to receive a voicemail:  Yes  No

E-mail E-mail Address: \_\_\_\_\_  
Safe to receive an email:  Yes  No

Mail Mailing Address: \_\_\_\_\_  
Safe to receive mail from your housing provider:  Yes  No

Other Please List: \_\_\_\_\_

**9. Anything else your housing provider should know to safely communicate with you?**

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**10. What features are requested for a safe unit?** You may list here any information that would facilitate a suitable transfer, such as accessibility needs, and a description of where it is safe or unsafe for you to live.

*(Please note that the ability to provide an emergency transfer is based on unit availability.)*

|   |  |
|---|--|
| <input type="checkbox"/> New Neighborhood | <input type="checkbox"/> New Building                  |
| <input type="checkbox"/> First Floor unit | <input type="checkbox"/> Second Floor unit (and above) |
| <input type="checkbox"/> Near an Exit     | <input type="checkbox"/> Well-lit hallways/walkways    |
| <input type="checkbox"/> 24-hour Security | <input type="checkbox"/> Accessible unit               |
| <input type="checkbox"/> Other: _____     |  |

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**11. To approve your request for an emergency transfer, your covered housing provider may require that you provide written documentation that you (or a household member) are a victim of VAWA violence/abuse. Your covered housing provider must make this request for documentation in writing. You can choose to submit any one of the following types of documentation:**

- Form HUD-5382 *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*, which asks your name and the perpetrator's name (if known and safe to provide);
- A document signed by a victim service provider, attorney, mental health professional, or medical professional who has helped you address the VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believe in the occurrence of the incident of VAWA violence/abuse and that it is covered by VAWA. Both you and the professional must sign the statement;
- A police, administrative, or court record (such as a protective order) that shows you (or a household member) are a victim of VAWA violence/abuse; OR
- If permitted by your covered housing provider, a statement or other evidence provided by you.

**Certification of Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that I meet the conditions described on this form to qualify for an emergency transfer.

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

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

**Public reporting burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Covered housing providers in programs covered by VAWA may ask for a written request for an emergency transfer for a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking. Housing providers may distribute this form to tenants and tenants may use it to request an emergency transfer. The information is subject to the confidentiality requirements of VAWA. A Federal 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.

## **DUPAGE COUNTY CONSORTIUM EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING**

DuPage County, by and through its Community Services Department, Community Development Commission (CDC) (collectively, the “County”) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act of 1994, as amended (“VAWA”), the County allows any tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. VAWA protections are not limited to women. Victims cannot be discriminated against on the basis of any protected characteristic, including race, color, national origin, religion, sex (including perceived or actual sexual orientation or gender identity), familial status, disability, or age. HUD-assisted and HUD-insured housing must also be made available to all otherwise eligible individuals and families regardless of age, or actual or perceived gender identity, sexual orientation, or marital status.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance regarding safety and security. The plan is based on Federal regulations at 24 Code of Federal Regulations (CFR) part 5, subpart L, related program regulations, and the model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD). HUD is the Federal agency that oversees that relevant housing programs within the DuPage County Consortium area are in compliance with VAWA.

Relevant HUD programs for the County are: (i) the HOME Investment Partnerships (HOME) program, (ii) the Emergency Solutions Grants (ESG) program, and (iii) the Continuum of Care (CoC) program (collectively, “HUD Programs”). For purposes of this Plan, eligible housing within DuPage County, and eligible housing located within the DuPage County Consortium area, that is supported by funding provided through any of these three HUD Programs, shall be called “HUD Program-Supported Housing.”

### **Definitions**

- **HUD Program-Supported Housing Provider** means Developer, Owner, and/or Sponsor of HOME-assisted properties, and ESG and CoC delegate agencies.
- **Eligible Person** refers to someone residing in HUD Program-Supported Housing who is a victim of domestic violence, dating violence, sexual assault, or stalking, or an affiliated individual as those terms are defined in the VAWA Implementing Regulations.
- **External Emergency Transfer** refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.
- **Internal Emergency Transfer** refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.
- **Safe Unit** refers to a unit that the victim of VAWA violence/abuse believes is safe.
- **VAWA violence/abuse** means an incident or incidents of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in 24 CFR 5.2003 and “Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking” (Form HUD-5382).

**DuPage County and the CDC are not landlords, nor do they operate any HUD Program-Supported Housing directly.** Therefore, the County will undertake the following actions under this Plan, however, nothing in this Plan is intended to supersede any eligibility or other occupancy requirements that may apply under any individual HUD Program-Supported Housing program.

This plan may be amended, from time to time, by the County.

### **Eligibility for Emergency Transfers**

A tenant, even those not in good standing, may seek an emergency transfer to another unit if they or their household member is a victim of VAWA violence/abuse, as outlined in the *Notice of Occupancy Rights Under the Violence Against Women Act*, Form HUD-5380. This emergency transfer plan provides further information on emergency transfers, and the County must provide a copy if requested.

HUD-Program Supported Housing Providers may ask for submission of a written request for an emergency transfer, such as form HUD-5383, to certify eligibility for the emergency transfer.

#### **A Tenant is eligible for an emergency transfer if:**

1. The tenant (or their household member) is a victim of VAWA violence/abuse;
2. The tenant expressly requests the emergency transfer; **AND**
3. **EITHER**
  - a. The tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if they (or their household member) stays in the same dwelling unit; **OR**
  - b. If the tenant (or their household member) is a victim of sexual assault, either the tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if the tenant (or their household member) were to stay in the unit, or the sexual assault occurred on the premises and the tenant requested an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

The County and HUD-Program Supported Housing Providers, in response to an emergency transfer request, will not evaluate whether the tenant (Eligible Person) is in good standing with the HUD Program-Supported Housing as part of the assessment or provision of an emergency transfer. Whether or not a tenant is in good standing does not impact their ability to request an emergency transfer under VAWA.

### **Assisting HUD Program-Supported Housing Providers in Fulfilling Their VAWA Responsibilities**

The County, through its contractual relationships with HUD Program-Supported Housing Providers, such as the Developers, Owners and/or Sponsors of HOME-assisted properties and ESG and CoC delegate agencies, will undertake to assist them in fulfilling their VAWA responsibilities generally. This will include:

- Adding requisite text concerning VAWA, including changes to tenant lease addenda and lease bifurcation text, to delegate agency agreements, HOME regulatory agreements, and the like;
- Ensuring that HUD Program-Supported Housing Providers give priority to Eligible Persons who qualify for an emergency transfer over other categories of tenants seeking transfers and individuals seeking placement on waiting lists;

- Maintaining a list of HOME-assisted units and making the list available to HUD Program-Supported Housing Providers and/or tenants requesting an emergency transfer;
- Seeking confirmation that covered housing providers have an emergency transfer plan in place, and that they have provided all required VAWA information to all appropriate tenants and applicants; and collecting from covered housing providers all information that the County is required to collect under the implementing regulations.

To ensure that the County can meet these responsibilities, each HUD Program-Supported Housing provider must communicate with the County regarding VAWA compliance within its program. On an annual basis or when requested, typically during monitoring, HUD Program-Supported Housing providers must share the information included above, including any individualized Emergency Transfer Plan for the program, updated leasing documents, any tenant selection plan or other tenant prioritization plan, and any de-identified data regarding VAWA compliance as required under the law.

### **Emergency Transfer Policies**

The County requires HUD Program-Supported Housing Providers to act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit.

When the HUD Program-Supported Housing provider reviews the Eligible Person's transfer request, it will inquire and document where the Eligible Person believes it would be reasonable and safe to transfer to.

Upon receipt of an Eligible Person's full request to emergency transfer, absent any conflicting or missing information, the HUD Program-Supported Housing provider will approve or disapprove the Eligible Person's request within five business days.

Upon approving a request for emergency transfer, the HUD Program-Supported Housing provider will attempt to identify an alternative dwelling unit or placement, exhausting all resources available. The HUD Program-Supported Housing provider will confirm whether it has available internal units (utilizing the resources available through the current program or other programs that are County-funded within its housing portfolio) within five business days and communicate with the Eligible Person to determine if any of the available units are safe and reasonable to move to. If the unit is a safe unit for the Eligible Person, the HUD Program-Supported Housing provider will coordinate with its staff and the Eligible Person to coordinate the emergency transfer. If a HUD Program-Supported Housing provider identifies an available unit and the Eligible Person believes that unit would not be safe, they may request a transfer to a different unit.

To request an emergency transfer, the Eligible Person should follow the procedures listed for the particular HUD Program that provides the Eligible Person's housing. Information specific to each program should also be listed in the Eligible Person's lease and/or notice for reference. Please also see the Emergency Transfer Request Documentation section below.

An Eligible Person who requests an emergency transfer due to VAWA violence/abuse is considered a high-priority transfer and HUD Program-Supported Housing providers should make all attempts to expedite the move process. Eligible Persons who qualify for an emergency transfer under VAWA will be given priority over other categories of tenants seeking transfers and individuals seeking placement on waiting lists. HUD Program-Supported Housing providers should update their Tenant Selection Plans

and other property-specific documents to be consistent with this definition and process for an internal transfer.

HUD Program-Supported Housing providers should provide copies of the document(s) that identify the positions responsible for reviewing and approving emergency transfer requests, facilitating the emergency transfer process, and ensuring that VAWA requests are kept confidential and separate from main tenant files. HUD Program-Supported Housing providers should also be sure to account for staff turnover and rule changes by providing regular updates to tenants when the above positions change. HUD Program-Supported Housing providers will update these documents with the County annually, or whenever the position or policies surrounding emergency transfers changes.

### **Internal Transfers – When a Safe Unit is Immediately Available**

If an Eligible Person requests an internal transfer, defined in this Plan as a transfer to any available and appropriate unit that the Eligible Person identifies as safe within the HUD Program-Supported Housing provider's property portfolio, the HUD Program-Supported Housing provider will facilitate the provision of VAWA protections for the Eligible Person as set out in the program-specific regulations below.

The County directs HUD Program-Supported Housing providers to treat emergency transfers within its housing portfolio, or another unit funded by the HUD Program-Supported Housing, as an internal transfer, where an Eligible Person will not be treated as a new applicant and will follow the timeline and procedures identified within this Plan. Even for these internal transfers, an Eligible Person may need to complete a housing application, sign a new lease, or complete other essential documentation to relocate to a new unit. However, they will not be treated as a new applicant, have to undergo an application process, and/or be added to a waitlist.

### **Internal Transfers – When a Safe Unit is Not Immediately Available**

If an Eligible Person requests an internal transfer, defined in this Plan as a transfer to any available and appropriate unit that the Eligible Person identifies as safe within the HUD Program-Supported Housing provider's property portfolio, but the HUD Program-Supported Housing Provider does not have a safe unit available, the HUD Program-Supported Housing Provider shall give the Eligible Person priority over all others when the next unit becomes available. The HUD Program-Supported Housing Provider shall notify the County that no internal emergency transfer is available.

If the Eligible Person wishes to move forward with an external transfer in lieu of waiting for the next available unit to become available for an internal transfer, the HUD Program-Supported Housing Provider will support an external transfer for the Eligible Person, as outline below under "External Transfers".

The County recognizes an Eligible Person's right to choose a unit that is safe to them. The County is aware that nothing precludes an Eligible Person from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe unit is not immediately available.

### **External Transfers**

If the HUD Program-Supported Housing provider cannot transfer an Eligible Person within their property portfolio within a reasonable timeframe, or the available unit is not deemed safe by the Eligible Person, it will support the Eligible Person in connecting with an external transfer, as described within the procedures herein. HUD Program-Supported Housing providers will not penalize an Eligible Person

requiring an external emergency transfer with any unlawful fees or penalties in relation to their required move and will comply with all federal, state, and local protections for survivors of VAWA violence/abuse, including the Illinois Safe Homes Act, the Fair Housing Act, and the Illinois Human Rights Act.

For external transfers, the HUD Program-Supported Housing provider cannot guarantee the timeframe in which a new unit will be available beyond the Emergency Transfer Plan's requirement that the HUD Program-Supported Housing provider attempt to identify a new unit as quickly as possible. However, the HUD Program-Supported Housing provider should respond to the transfer request within five business days to update the Eligible Person on the process and anticipated time frame.

HUD Program-Supported Housing Provider's will provide Eligible Person's with referrals to community partners and assist in identifying external affordable housing options, which may be done, in part, through utilization of the County's 211 system. Outreach will also be made to Family Shelter Services of Metropolitan Family Services DuPage and other organizations aiding victims of domestic violence, dating violence, sexual assault, or stalking.

VAWA provisions do not supersede eligibility or other occupancy requirements that may apply under a covered housing program. HUD Program-Supported Housing Providers may be unable to transfer a tenant to a particular unit if the tenant cannot establish eligibility for that unit.

### **Emergency Transfer Plan Procedures for each HUD Program-Supported Housing Program**

***HOME Investment Partnerships (HOME) Program:***

If an Eligible Person in a HOME-assisted unit seeks VAWA protections under 24 CFR § 92.359, the request may be made through the Eligible Person's housing or facility owner, or manager. The owner of HOME-assisted rental housing must provide the Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380) and HUD approved certification form (Form HUD-5382) described in 24 CFR 5.2005(a) to applicants and tenants upon admission or denied admission to a HOME-assisted unit, and with any notification of eviction from a HOME-assisted unit.

DuPage County operates a HOME Tenant-Based Rental Assistance (TBRA) program through Subrecipient agencies which are also HUD Program-Supported Housing Providers. These Subrecipient HUD Program-Supported Housing Providers must similarly provide the Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380) and HUD approved certification form (Form HUD-5382) described in 24 CFR 5.2005(a) to applicants and tenants for HOME TBRA when HOME TBRA rental assistance is approved or denied, with notification of termination of HOME TBRA, and with any notification of eviction.

These VAWA provisions do not supersede eligibility or other occupancy requirements that may apply. The HUD Program-Supported Housing Provider may be unable to transfer a tenant to a particular unit if the tenant cannot establish eligibility for that unit.

***Emergency Solutions Grant (ESG) Program***

If an Eligible Person in an ESG program seeks VAWA protections under 24 CFR § 576.409, the request may be made through the housing owners, or Eligible Person's ESG recipient or subrecipient administering ESG rental assistance, or HUD Program-Supported Housing Provider.

The recipient or subrecipient of ESG must provide the Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380) and HUD approved certification form (Form HUD-5382) described in 24 CFR 5.2005(a) to applicants and tenants when denied ESG rental assistance, when an application for a unit receiving project-based rental assistance is denied, when ESG rental assistance begins to be received, upon notification of termination of ESG rental assistance, and upon notification of eviction.

As of the drafting of this Plan, the County nor its ESG subrecipient's provide ESG funding in the form of project-based rental assistance. If a tenant resides in a project-based rental assistance unit and a safe unit is not immediately available for an internal emergency transfer, the tenant shall have priority over all other applicants for tenant-based rental assistance, utility assistance, and units for which project-based rental assistance is provided.

If a household receives tenant-based rental assistance and must separate because of an emergency transfer and if the non-transferring family members were on the original lease, then they will continue to receive tenant-based rental assistance, for which they are eligible. If a household receives tenant-based rental assistance and must separate because of an emergency transfer and if the non-transferring family members were not on the original lease, then they may apply for ESG tenant-based rental assistance but will not receive any priority.

These VAWA provisions do not supersede eligibility or other occupancy requirements that may apply. The HUD Program-Supported Housing Provider may be unable to transfer a tenant to a particular unit if the tenant cannot establish eligibility for that unit.

### ***Continuum of Care (CoC)***

The CoC has adopted this DuPage County Consortium Emergency Transfer Plan, and recipients and subrecipients in the CoC must follow this plan. If an Eligible Person in a CoC program seeks VAWA protections under 24 CFR § 578.99(j), the request may be made through the owner or landlord, recipient, or subrecipient of CoC program funding.

For CoC-assisted housing arrangements, the Eligible Person or family shall have priority over all other applicants for rental assistance, transitional housing, and permanent supportive housing projects funded under the CoC program, provided that: the Eligible Person or family meets all eligibility criteria by Federal law or regulation or HUD NOFA; and the Eligible Person or family meets any additional criteria or preferences established in accordance with 24 CFR 578.93(b)(1), (4), (6), or (7). The Eligible Person or family shall not be required to meet any other eligibility criteria or preferences for the project. The Eligible Person or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

The CoC recipient must provide the Notice of Occupancy Rights under the Violence Against Women Act (Form HUD-5380) and HUD approved certification form (Form HUD-5382) to applicants and tenants upon denial of permanent or transitional housing, upon admission to permanent or transitional housing, upon notification of eviction, and upon notification of termination of assistance.

If a family who is receiving tenant-based rental assistance separates to effect an emergency transfer, the family's tenant-based rental assistance and any utility assistance shall continue for the family member(s) who are not evicted or removed. If a family living in permanent supportive housing separates and the family's eligibility for the housing was based on the evicted individual's disability or chronically

homeless status, the remaining tenants may stay in the project as provided under § 578.75(j). Otherwise, if a family living in a project funded under this part separates under 24 CFR 5.2009(a), the remaining tenant(s) will be eligible to remain in the project.

These VAWA provisions do not supersede eligibility or other occupancy requirements that may apply under a covered housing program. The HUD Program-Supported Housing Provider may be unable to transfer a tenant to a particular unit if the tenant cannot establish eligibility for that unit.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify staff of their HUD Program-Supported Housing Provider, which includes staff on-site at the property. Staff shall immediately notify the Eligible Person of their right to an emergency transfer by making available a copy of the HUD-5383 *Emergency Transfer Request for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking*, in the primary language of the tenant. If the HUD Program-Supported Housing Provider does not already have documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking, the HUD Program-Supported Housing Provider may ask for this documentation in accordance with 24 CFR 5.2007. Unless the HUD Program-Supported Housing Provider receives documentation that contains conflicting information, as described in 24 CFR 5.2007(b)(2), the HUD Program-Supported Housing Provider cannot require third-party documentation to determine status as a VAWA victim for emergency transfer eligibility. The HUD Program-Supported Housing Provider will provide reasonable accommodations to this policy for individuals with disabilities.

The tenant's written request for an emergency transfer must include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence, including trauma, if the tenant (or household member) stays in the same dwelling unit; OR
2. In the case of a tenant (or household member) who is a victim of sexual assault, **either** a statement that the tenant reasonably believes there is a threat of imminent harm from further violence or trauma if the tenant (or household member) stays in the same dwelling unit, **or** a statement that the sexual assault occurred on the premises and the tenant requested an emergency transfer within 90 days (including holidays and weekend days) of when the assault occurred.

Form HUD-5383 *Emergency Transfer Request for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking* may be used for making a written request for an emergency transfer.

The HUD Program-Supported Housing Provider may request, in writing, documentation of VAWA violence or abuse. It is at the discretion of the tenant what documentation to provide. The tenant shall have a minimum of 14 days to provide documentation. The HUD Program-Supported Housing Provider is in no way required to request documentation. The following are acceptable forms of documentation:

- Form HUD-5382 *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*, which asks your name and the perpetrator's name (if known and safe to provide);
- A document signed by a victim service provider, attorney, mental health professional, or medical professional who has helped the tenant address the VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believe in the occurrence of the incident of VAWA violence/abuse and that it is covered by VAWA. Both the tenant and the professional must sign the statement;
- A police, administrative, or court record (such as a protective order) that shows the tenant (or a household member) are a victim of VAWA violence/abuse; or

- If permitted by the HUD Program-Supported Housing Provider, a statement or other evidence provided by the tenant.

## **Priority for Transfers**

Due to the urgent safety risks involved in VAWA violence/abuse, Eligible Persons who qualify for an emergency transfer under VAWA will be given priority over other categories of tenants seeking transfers and individuals seeking placement on waiting lists. These priorities are also noted above under the Emergency Transfer Procedures section.

## **Confidentiality**

If a tenant inquires about or requests any VAWA protections or represents that they or a household member are a victim of VAWA violence/abuse entitled to VAWA protections, the HUD Program-Supported Housing Provider and/or County must keep any information they provide concerning the VAWA violence/abuse, their request for an emergency transfer, and their or a household member's status as a victim strictly confidential. This information should be securely and separately kept from tenant files. All the information provided by or on behalf of the tenant to support an emergency transfer request, including information on the *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking* (HUD-5382) and the *Emergency Transfer Request for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking* (HUD-5383) (collectively referred to as "Confidential Information") may only be accessed by the HUD Program-Supported Housing Provider and/or County employees or contractors if explicitly authorized by the HUD Program-Supported Housing Provider and/or County for reasons that specifically call for those individuals to have access to that information under applicable Federal, State, or local law.

Confidential information must not be entered into any shared database or disclosed to any other entity or individual, except if:

- Written permission by the victim in a time-limited release;
- Required for use in an eviction proceeding or hearing regarding termination of assistance; or
- Otherwise required by applicable law.

In addition, HUD's VAWA regulations require emergency transfer plans to provide strict confidentiality measures to ensure that the location of the victim's dwelling unit is never disclosed to a person who committed or threatened to commit the VAWA violence/abuse. Accordingly, for tenant-based subsidies provided by HUD Program-Supported Housing, providers must also maintain confidentiality and consider safety risks and concerns in communicating with landlords working with their program.

## **Emergency Transfer Procedure**

The County and HUD Program-Supported Housing Providers cannot specify how long it will take from the time a transfer request is approved until the tenant can be placed in a new, safe unit. HUD Program-Supported Housing Providers will, however, act as quickly as possible to assist a tenant who qualifies for an emergency transfer. If a HUD Program-Supported Housing Provider identifies an available unit and the tenant believes that unit would not be safe, the tenant may request a transfer to a different unit. HUD Program-Supported Housing Providers may be unable to transfer a tenant and their household to a particular unit if the tenant and their household have not established or cannot establish eligibility for that unit.

If HUD Program-Supported Housing Providers do not have any safe and available units for which the tenant is eligible, HUD Program-Supported Housing Providers will assist the tenant in identifying other

covered housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HUD Program-Supported Housing Providers will also assist the tenant in contacting the local organizations offering assistance to victims of VAWA violence/abuse that are referenced in this plan.

### **Making the Emergency Transfer Plan Available**

The County will make this Emergency Transfer Plan available upon request and publicly available as part of the CDC's Policy Manual, which can be found on the County's website:

[https://www.dupagecounty.gov/government/departments/community\\_services/municipalities\\_and\\_non-profits/community\\_development\\_commission/policy\\_groups\\_meetings\\_and\\_manual.php](https://www.dupagecounty.gov/government/departments/community_services/municipalities_and_non-profits/community_development_commission/policy_groups_meetings_and_manual.php)

Upon request, reasonable accommodations will be provided to ensure effective communication with individuals with disabilities. This Emergency Transfer Plan and referenced HUD forms will be made available in alternative accessible forms for persons with disabilities, upon request. VAWA forms will also be available in languages outlined in the County's Language Access Plan.

### **Safety and Security of Tenants**

When HUD Program-Supported Housing Providers receives any inquiry or request regarding an emergency transfer, the HUD Program-Supported Housing Provider will encourage the person making the inquiry or request to take all reasonable precautions to be safe, including seeking guidance and assistance from a victim service provider. However, tenants are not required to receive guidance or assistance from a victim service provider. For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.

### ***National Resources***

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline by calling 1-800-799-SAFE (7233), via text by texting "START" to 88788, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, the National Domestic Violence Hotline can be accessed through the webpage <https://www.thehotline.org/>, via text by texting "START" to 88788, or by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's (RAINN) National Sexual Assault Hotline at 800-656-HOPE (4673), may text "HOPE" to 64673, or visit the online hotline at <https://rainn.org/help-and-healing/hotline/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime Victim Connect Resource Center by calling or texting 1-855-4VICTIM (855-484-2846) or by visiting the webpage at <https://victimconnect.org/>.

### ***Local Resources***

Domestic Violence – Safety Planning, Emergency Shelter, No Contact Orders, etc.  
Family Shelter Service of Metropolitan Family Services DuPage  
Hotline: 630-469-5650

Sexual Violence – Safety Planning, Advocacy, No Contact Orders, etc.  
YWCA Metropolitan Chicago  
Hotline: 888-293-2080

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

|        |          |                    |
|--------|----------|--------------------|
| TENANT | LANDLORD | UNIT NO. & ADDRESS |
|--------|----------|--------------------|

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence 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 abuse, 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 may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

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Tenant

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Date

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Landlord

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Date

Form **HUD-91067**