# SARASOTA HOUSING AUTHORITY (SHA)

#### 1. Describe the action:

Amend Chapter 18 of SHA's HCV Admin Plan to update with revised Emergency Housing Voucher (EHV) language & preferences.

# 2. Who is making request:

A. Entity: SHA

B. Project: HCV Admin Plan Policy Amendment

C. Originator: William Russell

# 3. Cost Estimate (if applicable):

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#### Narrative:

SHA is adding language in order to transition EHV families into the Housing Choice Voucher (HCV) program, by adding a preference to raise them to the top of the current HCV waiting list. This is because Congress has ceased funding the EHV Program, and we don't want their housing assistance to stop and cause them housing insecurity.

# Attachments (if applicable):

Proposed HCV Admin Plan pages showing preference revisions.

## Chapter 18

# **EMERGENCY HOUSING VOUCHERS (EHV)**

## **GENERAL REQUIREMENTS**

## 18-I.A. OVERVIEW [24 CFR 982.]

Under the new § 8(o) of the 1937 Act (42 U.S.C. 1437 f(o)) and the American Rescue Plan Act (ARPA), the Emergency Housing Vouchers (EHV) are to assist individuals and families who are experiencing homelessness; at rick of experiencing homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability. PHAs are to partner with the Continuum of Care (CoC) and other homeless or victim services providers to assist qualifying families through a direct referral process. After September 30, 2023, a PHA may not reissue any previously leased EHV, regardless of when the assistance for the formerly assisted family ends or ended.

## **SHA Policy**

The SHA has accepted an allocation of 59 EHVs to administer and operate through the housing authority. SHA has partnered with the CoC and SPARCC (Safe Place and Rape Crisis Center) who will be the referring agencies. SHA will not reissue any EHV after September 30, 2023.

#### 18-I.B. EHV Fees

To facilitate and expedite leasing of the EHVs, PHAs will receive an allocation of administrative fee funding for the cost of administering the vouchers and other eligible expenses to prevent, prepare for and respond to corona virus to facilitate the leasing of EHVs. PHAs will be allocated administrative fee funding for EHV administrative costs and for other eligible expenses.

**Preliminary Fee** – is a one-time fee allocated to the PHA to support the anticipated immediate start-up that the PHA will incur in implementing the EHV such as outreach to and coordination with the CoC and SPARCC.

Placement Fee/Expedited Issuance Reporting Fee – will support initial lease-up costs as well as added cost and effort required to expedite the leasing efforts. These costs may include the PHAs costs to establish and refine the direct process with its partners and to expedite income determinations, family briefings, and voucher issuance. Also included in this cost is the PHAs cost to report to HUD issuance date in a timely manner.

#### **SHA Policy**

SHA will make every effort with its partners, the CoC and SPARCC, to lease up all 59 EHV as quickly and efficiently as possible.

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## 18-I.F. HUD Waivers and Alternative Requirements

HUD recognizes that the challenges the COVID-19 pandemic has created for the regular HCV program will likewise apply to the administration of the EHVs. Consequently, HUD is exercising its waiver authority under the ARP to provide some of the same menu of HCV-applicable CARES Act waivers to PHAs for administration of the EHV assistance. The use of these COVID-19-related EHV waivers is at the discretion of the individual PHA. A PHA may choose to apply all, some, or none of the waivers to the EHV assistance. PHA that implement these waivers are not required to keep the waivers/alternative requirement in-place for the full period of availability 9including any extension) but may at any time choose to revert to regular program requirements and operations.

# **SHA Policy**

SHA has chosen to use the following waivers:

- 1. Family Income and Composition: Waives the requirement to use the income verification requirements, including the use of EIV, for interim reexaminations, availability period ends 12/31/21.
- 2. HQS-1 Initial Inspection Requirements: Changes initial inspection requirements, allowing for owner certification that there are no life-threatening deficiencies, Self-Certification was used, PHA must inspect as soon as reasonably possible but no later than 6/30/22.
- 3. HQS-3 Initial Inspection-Non Life-Threatening Deficiencies: Allows for extension of up to 30 days for owners repairs of non-life threatening conditions, availability periods end 12/31/21.
- 4. HQS-6 Interim Inspections: Waives the requirement for the PHA to conduct interim inspections and requires alternative method; Allows for repairs to be verified by alternative methods. Availability periods ends 12/31/21.
- 5. HQS-9 Quality Control Inspections: Provides for suspension of the requirement for QC sampling inspections. Availability periods ends 12/31/21.
- 6. HCV-1 Administrative Plan: Establishes an alternative requirement that policies may be adopted without board approval until 9/30/21. Any provisions adopted informally must be adopted formally by 12/31/21.
- 7. HCV-3 Term of Voucher-Extensions of Term: Allows PHAs to provide voucher extensions regardless of current PHA policy. Availability period ends 12/31/21.

# Required partnerships with the CoC and other organizations for direct referrals and services:

HUD is establishing an alternative requirement under which the PHA must enter into a Memorandum of Understanding (MOU) with the CoC to establish a partnership for the administration of the EHVs. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying individuals and families to the PHA (see section 9.c below). Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHVs. Additionally, CoCs are encouraged to offer or make connections

to supportive services for families that are referred to the PHA, including, but not limited to, short- or long-term case management, collecting necessary verifications to support referrals, housing counseling, housing search assistance and utility deposit assistance. HUD recommends CoCs and PHAs seek a diverse range of supportive services by partnering with organizations trusted by people experiencing homelessness. The specific services that the CoCs will provide to individuals or families referred for the EHV program must be outlined in the MOU with the CoC.

HUD is waiving [24 CFR 982.204(a)], which requires participants must be selected from the PHA waiting list and that the PHA must select participants from the wait list in accordance with he admission policies in the PHA Administrative Plan.

# **SHA Policy**

SHA has partnered with the CoC and SPARCC as the referring agencies. The CoC and SPARCC primary responsibility is to make referrals of qualifying individuals and families to SHA. SHA will take direct referrals from outside of the CoC and SPARCC if their systems do not have sufficient number of eligible individuals or families to refer to SHA.

SHA will inform families on the HCV waiting list of the availability of EHVs by posting the information on the SHA website and posting a public notice in all SHA lobbies.

## Required housing search assistance:

Housing search assistance can help EHV participants successfully move to areas of higher opportunity, as well as broaden the pool of landlords participating in the EHV program, including culturally or racially diverse landlords and landlords with smaller numbers of units. HUD has established as an alternative requirement that the PHA must ensure housing search assistance is made available to EHV families during their initial housing search. The housing search assistance may be provided directly by the PHA or through the CoC or another partnering agency or entity.

Housing search assistance is a broad term which can include many activities, but with respect to this requirement it must at a minimum (1) help individual families identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods, (2) provide transportation assistance and directions to potential units, (3) conduct owner outreach, (4) assist with the completion of rental applications and PHA forms, and (5) help expedite the EHV leasing process for the family. Other recommended, but not required, housing search activities include helping individual families identify barriers to leasing (e.g., low credit score, evictions history) and strategies to address these barriers, workshops on how to conduct an effective housing search, enhanced support for portability processing, regular proactive check-ins for families searching with a voucher, regular reminders to the family of their voucher expiration date and extension policies, and a dedicated landlord liaison for EHV voucher families. The PHA may use any of the EHV administrative fees (including the services fees) described in section 6 for EHV housing search assistance.

## **SHA Policy**

SHA will provide EHV participants an informed and detailed briefing explaining how the voucher program works and what resources are available to assist the participants in their search for housing. SHA has a dedicated Landlord Liaison who will assist with paperwork and landlord questions.

# Waiting List for EHVs:

HUD is waiving [24 CFR 982.204(f)] to establish an alternative requirement under which the PHA shall maintain a separate waiting list for EHV referrals/applicants to help expedite the leasing process, both at initial leasing and for any turnover vouchers that may be issued prior to the September 30, 2023, turnover voucher cut-off date.

Because the EHV waiting list is based on direct referrals or requests through the PHA's VAWA emergency transfer plan and not applications from the general public, HUD is also waiving [24 CFR 982.206], which requires the PHA to give public notice when opening and closing the waiting list. Under this alternative requirement, the PHA will work directly with its CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list.

## Transitioning EHV Families into HCV:

In order to transition EHV families into the PHA's regular HCV program, the family must be selected through the PHA's HCV waiting list as required by 24 CFR 982.204(a). PHAs that currently have an open waiting list should take the following steps:

- Determine if establishing a waiting list preference constitutes a significant amendment to its PHA Plan (24 CFR 903.21).
- If the PHA determines that establishing a waiting list preference constitutes a significant amendment, complete the process for updating the PHA Plan (24 CFR 903.17). PHAs must provide a public comment period, which is a statutory requirement that cannot be waived by HUD.
- Complete the process for updating the administrative plan (24 CFR 982.54). Per 24 CFR 982.54(a), revisions to the administrative plan must be formally adopted by the PHA's Board of Commissioners or other authorized PHA officials. PHAs with a currently closed HCV waiting list who opt to transition EHV families may choose to open their waiting list only for families that qualify for an EHV preference. In this case, the PHA must include the preference in its administrative plan (24 CFR 982.54(d)(1)).

Once the PHA has adopted its EHV preference(s), the PHA should ensure effective communication of notice to all EHV families about the new preference and the opportunity to apply for the HCV program under the preference. PHAs should provide a reasonable amount of time to EHV families to apply for the HCV program before selecting any EHV families from their HCV waiting list. As an alternative to only accepting individual applications from EHV families, HUD is providing a streamlined submission and review process for a regulatory waiver that, if approved, would permit PHAs to place all EHV families on its HCV waiting list with the appropriate preference.

## **SHA Policy**

SHA will maintain a separate waiting list for EHV applicants. The applicants will come from the referring agencies, CoC and SPARCC. SHA Will submit a waiver request to HUD to transfer all EHV families to the HCV waiting list.

#### **Local Preferences:**

Under the HCV program, the PHA may establish a system of local preferences for the selection of families. The PHA may have an existing set of local preferences for its HCV program that understandably does not align with the specific targeted purpose of the EHVs. Furthermore, the PHA, in conjunction with the CoC and other referral partners, may wish to establish preferences specifically designed for EHV admissions that the PHA would not want to apply to its regular HCV waiting list. Excluding EHVs from the PHA's normally applicable local preference system will simplify EHV administration and ensure that EHVs are not being prioritized based on preferences designed for the broad universe of HCV eligible applicants rather than the subset of EHV qualifying families.

HUD is waiving [24 CFR 982.207(a)] and establishing an alternative requirement that the local preferences established by the PHA for HCV admissions do not apply to EHVs. The PHA may choose, in coordination with the CoC and other referral partners, to establish separate local preferences for EHVs, or may simply choose to not establish any local preferences for the EHV waiting list.

In establishing any local preferences for the EHV waiting list, the preference may not prohibit EHV admissions from any of the four qualifying categories of eligibility. The preference system prioritizes the order in which families on the EHV waiting list are assisted but does not allow the PHA to refuse to accept a referred family that meets one of the four EHV eligibility categories, or otherwise delay issuance of an available voucher to that eligible family in order to "hold" the voucher for a future referral of a preference holder. In cases where the PHA and the referral agency partners are contemplating local preferences for the EHV waiting list, HUD strongly encourages PHAs and their partners to consider designing preferences that take into consideration the comparative health risks that COVID-19 poses to the subgroup of families eligible for EHVs (e.g., individuals or families living in environments where practicing social distancing or taking other preventive measures may be particularly challenging). The PHA must ensure any local preferences did not discriminate on the basis of any federally protected classes and cannot utilize criteria or methods of administration which would result in discrimination. See Section 11 – Nondiscrimination and Equal Opportunity Requirements for more information on applicable federal civil rights requirements.

The HCV program regulations at § 982.207(b) allows a PHA to adopt and implement a residency preference in accordance with the non-discrimination and equal opportunity requirements listed at [24 CFR 5.105(a)]. Given the emergency nature of these vouchers, the fact that many individuals and families in the targeted populations may not necessarily qualify as a "resident" due to their housing circumstances, and the direct referral /coordinated entry aspect of EHV administration, it is not appropriate to apply residency preferences for EHV admission. Consequently, HUD is waiving [24 CFR 982.207(b)] and establishing an alternative requirement under which a PHA may not apply any residency preference to EHV applicants.

PHAs may establish a local preference based on local housing needs and priorities as determined by the PHA (24 CFR 982.207(a)(2)), and this may include families participating in EHV. PHAs that want to transition EHV families into the HCV program should structure the preference in a way that provides clarity that only current EHV participants are eligible for the preference. For example, the preference could state that it is for currently assisted EHV families whose assistance is at risk of termination due to lack of program funding.

# **SHA Policy**

SHA will not have any preferences for the EHVs. SHA will have the following preferences for EHV Families:

Currently assisted EHV families, whose assistance is at risk of termination due to lack of program funding, shall receive the maximum preference points in order to place them at the top of the existing HCV wait list.

Restrictions on PHA denial of assistance to an EHV applicant:

HUD is waiving [24 CFR 982.552] and [24 CFR 982.553] in part and establishing an alternative requirement with respect to mandatory and permissive prohibitions of admissions for EHV applicants. The EHV alternative requirement is as follows:

#### **Mandatory Prohibitions.**

- (1) The PHA must apply the standards it established under [24 CFR 982.553(a)(1)(ii)(C)] that prohibit admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing to EHV applicants.
- (2) The PHA must apply the standards it established under [24 CFR 982.553(a)(2)(i)] that prohibit admission to the program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

## **SHA Policy**

SHA will follow HUDs mandatory prohibitions:

- 1. [24 CFR 982.553(a)(1)(ii)(C)] prohibits admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing to EHV applicants.
- 2. [24 CFR 982.552(a)(2)(i)] prohibits admission to the program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

#### **Permissive Prohibitions**

The PHA may prohibit admission of a family for the grounds stated below. The PHA may choose not to prohibit admission for these grounds or may establish a more permissive policy than the PHA's policy for admission to the regular HCV program. The PHA may not establish a permissive prohibition policy for EHV applicants that is more prohibitive than the policy established for admissions to the regular HCV program. The PHA policy on EHV permissive prohibitions must be described in the PHA's administrative plan.

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