

**Homeless Preference for Housing Choice Vouchers
Memorandum of Understanding between the Michigan State Housing Development Authority
(MSHDA) and the
Housing Assessment and Resource Agency (HARA)**

This Memorandum of Understanding (MOU) is to establish the roles entered into between; (a.) MSHDA; and (b.) Good Samaritan Ministries HARA, representing Ottawa county/counties. **WHEREAS**, the HARA agrees to uphold the integrity of the Program Code which validates that clients have met the criteria outlined below. **WHEREAS**, the HARA agrees to not release the Program Code to any clients. The HARA also agrees to not release the Program Code to any staff or individuals not directly involved in the input of the code. **THEREFORE**, the Key Partners agree that it is in the best interests of all concerned to enter into this Memorandum of Understanding.

I. DEFINITION OF HOMELESS

Applicants must meet criteria one of the following categories:

Literally Homeless

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

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (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); or
- (iii) 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

Homeless under Other Federal Statutes

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:

- (i) Are defined as homeless under the other listed federal statutes;
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

II. CRITERIA FOR HOMELESS PREFERENCE

- 1) Applicant must meet all Housing Choice Voucher requirements.
- 2) Applicant household is willing to engage in a jointly-developed plan supporting housing stability.

- 3) Applicant housed for short term assistance through MSHDA Emergency Solutions Grant, MSHDA Tenant Based Rental Assistance, or any other transitional housing program (less than two years) are still considered homeless.
- 4) Applicants who are homeless at time of application but subsequently housed with a permanent housing subsidy (ie PSH or S+C) are **no** longer considered homeless. At the time their name is pulled off of the waiting list, they would not be eligible at that time for the homeless preference and their name will be removed from the waiting list.
- 5) Rural communities that have no active sheltering organizations as part of their CoC's may elect to recognize doubled up (couch surfing) as homeless. Communities must provide official notification to their assigned Homeless Assistance Specialist that their Continuum has voted and approved this additional homeless criterion. Doubled up (Imminent Risk) is defined as: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing.

III. DOCUMENTATION OF RESIDENCY

A copy of one of the following items with the applicant's name and current address must be retained in tenant's file: driver's license, state ID card, social security printout, voter's registration card, letter from the homeless service provider on their letterhead, OR other proof of residence. If the applicant or household member works, or has been hired to work, in the county for which he/she is applying, enclose proof of the work address or a letter from the employer verifying employment.

IV. AMENDMENTS

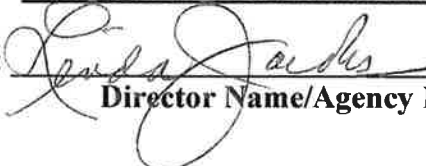
This Agreement may be amended only with the mutual consent of the Key Partners.

V. CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT. The person signing this Agreement on behalf of their agency certify by said signature that they are duly authorized to sign this Agreement. Further, the HARA understands that any violation of the security agreement's contents may result in termination of access privileges and/or recommendation for prosecution.

I hereby certify that prior to referring clients to the HCV waiting list; the following documents will be obtained and retained in the client file. :

1. Verification of homelessness as defined in this document
2. Proof of residency in the county they are applying
3. Signed release of information

Printed: Linda Jacobs/Good Samaritan Ministries

Signed:  _____ **Dated:** _____
 Director Name/Agency Name

Director email: ljacobs@goodsamministries.com

Please complete the following information as to provide MSHDA with a data base identifying the contact person for correspondence from MSHDA and client referrals.

HARA Agency Name: Good Samaritan Ministries

Address: 513 E. 8th Street, Holland, MI 49423

Contact Person Name: Jody Immink

Contact Person Email: jimmink@goodsamministries.com

Contact Phone Number: 616-392-7159

All new (first time as the HARA doing the homeless preference) organizations must complete the key person security agreement document (on MSHDA's website) in order to be sent the waiting list entry code. Each individual with access to the code must have a signed key person security agreement document on file.

Return completed forms to: *Juliann Kline*
MSHDA
Rental Assistance and Homeless Solutions Division
735 E Michigan Ave
P.O. Box 30044
Lansing, MI 48909

MSHDA USE ONLY

<input type="checkbox"/> Per approval from MSHDA this county is using doubled up as homeless.
_____ Initial _____ Date

