

Guide for Review of SHP Housing			
Name of Grantee:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the grantee's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

Instructions: This Exhibit is designed to evaluate the SHP grantee's housing operations, including resident rent calculations, residential supervision, due process for terminations, confidentiality procedures for domestic violence families, habitability standards, Section 3, Affirmative Outreach and the Rapid Re-housing for Families Demonstration Program. Follow the sampling instructions in Section 13-3 of the introduction to this Chapter for selecting project/activity files to review. This same sample can also be used to complete Exhibit 13-1, "Guide for Review of SHP Supportive Services, and Exhibit 13-4, Guide for Review of SHP Clients," if part of the same monitoring.

Note:

1. It is the option of the reviewer to use this form for each individual client reviewed or as a master response form encompassing information regarding all of the clients reviewed. It is the responsibility of the reviewer to ensure that sufficient evidence is documented to support conclusions, including any finding(s) and/or concern(s) noted in the final monitoring report.
2. This exhibit includes additional compliance monitoring questions for SHP projects funded in 2008 under the Rapid Re-Housing (RRH) Demonstration Program. Since the SHP regulations are applicable to the RRH Program projects, reviewers should utilize the full exhibit as a questioning guide.

Questions:

1.

a. For projects using SHP leasing funds, in reviewing records showing the amounts of monthly/yearly rent against documentation showing comparable rents in the area, are the rents charged reasonable and are they documented for each lease? [24 CFR 583.115]	<table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					

Describe Basis for Conclusion:

Exhibit 13-3
Supportive Housing Program (SHP)

b. If individual housing units are being leased with SHP funds, are the lease amounts within the current Fair Market Rent rates (which includes utilities) for the area? [24 CFR 583.115]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

c. For projects using leasing funds, are the funds not being used to lease units or structures owned by the project sponsor, the grantee, or their parent organization? [24 CFR 583.115]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

2.

For projects reviewed which charge participant rent, are the rents charged accurately calculated, including deductions and utility allowances, if applicable? [24 CFR 583.315]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

3.

For projects reviewed which charge participant rent, does the file documentation show the source(s) of income used in preparing the rent calculations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

4.

For projects reviewed which charge participant rent, do the rent records indicate that participants' incomes are re-examined at least annually?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion:	

5.

For the projects reviewed, is there adequate residential supervision, based both upon the regulatory criteria and interviews with grantee staff? [24 CFR 583.300(e)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

6.

a. Is there a written termination policy and does it provide for a formal process that recognizes the due process rights of individuals receiving assistance? (If there is no written policy, interview staff regarding the process for handling terminations.)
Describe Basis for Conclusion:

b. If clients have been terminated, does a review of these clients' files show that the minimum due process requirements for termination were followed? [24 CFR 583.300(i)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

7.

For projects reviewed which serve domestic violence victims, is there evidence to support that the grantee has established written procedures regarding confidentiality of client records and the address/location of any project serving domestic violence victims? [24 CFR 583.300(h)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

8.

[OS] After making a visual inspection of selected housing facilities, are the habitability standards being met? [24 CFR 583.300(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

9.

For Transitional Housing (TH) projects only, do the entry-exit dates shown in the participant files indicate that the participants exceed the 24-month limitation of stay? [McKinney-Vento Act, Section 424(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

10.

If there are TH projects where participants stay longer than 24 months, do the files for these clients document the need for extended program participation? [24 CFR 583.300(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

11.

If there are TH projects where participants stay longer than 24 months, is the number of participants less than 50% of the total number served by the projects for the projects reviewed? [24 CFR 583.300(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

12.

Do the grantee's records show evidence that the required Section 3 reports are being submitted in a timely manner for projects with new construction and rehab activities? [2008 NOFA section I.C.12.c.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

13.

a. Has the recipient reviewed the procedures it intends to use to make known the availability of the supportive housing to determine whether they are unlikely to reach persons of any particular race, color, religion, sex, age, national origin, familial status, or handicap who may qualify for admission to the housing? [24 CFR 583.325(c)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

<p>b. Has the recipient established additional procedures that will ensure that persons in the particular race, color, religion, sex, age, national origin, familial status, or handicap groups identified under “a” above can obtain information concerning the availability of the housing? [24 CFR 583.325(c)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

14.

<p>Is there evidence of the recipient’s adoption and implementation of procedures to make available information on the existence and locations of facilities and services that are accessible to persons with a handicap? [24 CFR 583.325(c)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

RAPID RE-HOUSING FOR FAMILIES DEMONSTRATION PROGRAM

15.

<p>Do the project’s records show evidence that leasing is the only Housing expenditure? [2008 NOFA section I.A.4.w.]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

16.

<p>Do the participants’ records indicate that the homeless families received only leasing assistance for a period of 3-6 months <u>or</u> 12-15 months? [2008 NOFA section I.A.4.w.]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

17.

<p>Do the participants’ records show evidence that no more than 18 months of leasing assistance was provided to any participant? [2008 NOFA section I.A.4.w.]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
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<p>Describe Basis for Conclusion:</p>							