

Emergency Housing Voucher Program PSH Move-On Assessment



Basic Tenant Information

Referral Date		
Tenant Name		
Current PSH Agency/Project		
Current PSH Case Manager	Name:	Phone: Email:
Is tenant in a project-based building owned by a PSH provider? Y [] N []	Is tenant in a scattered-site apartment? Y [] N []	If a scattered-site, do they wish to stay in their same unit (if possible)? Y [] N []
Score on Arizona Self-Sufficiency Matrix		
Can the household meet these minimum qualifications? Y [] N []	<ul style="list-style-type: none"> • Currently living in a CoC-funded PSH unit • A documented, expressed wish to move on to other housing (complete below section) • A history of on-time rental payments • Minimal to zero lease violations in the last year • Currently requires only occasional, light support from PSH provider • Agree to accept at least three case management contacts once transitioned to HCV • Is not a lifetime registered sex-offender • Has not been convicted of manufacturing meth in public housing • Has income at or below HUD-specified income limits (50% AMI) • Can provide social security numbers for all household members, or certify they do not have a social security number • Qualify on the basis of citizenship or the eligible immigrant status of family members 	
<p>PSH Provider to Complete: Explain how client has expressed a desire to participate in the Moving On program and apply for a voucher:</p>		

Certification. The information contained in this application and assessment is as accurate as possible. The tenant and case manager have met to discuss this application and feel that the tenant is a great candidate for moving on into an affordable housing option. The agency will attempt at least three follow-up contacts to the tenant and the tenant understands that he/she must provide follow-up data and information to the agency for reporting purposes. In addition, the tenant will complete all MHA paperwork and understands that submitting this application does not guarantee acceptance into the Emergency Housing Voucher Program.

Tenant Signature

Date

PSH Case Manager Signature

Date