Icon

Description automatically generatedMove Up Voucher Request

Potential sources of Move-Up Vouchers: Emergency Housing Voucher program, Mainstream Voucher program,   
Housing Choice Voucher program, Housing Trust Fund programs, and others as available/identified.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Information | |  | Program Information | |
| Name |  |  | Program Name |  |
| HMIS Household ID (if any) |  |  | Contact Name |  |
| Phone |  |  | Phone |  |
| Other way(s) to contact |  |  | Other way(s) to contact |  |
| Date entered program |  |  | Program type | PSH RRH TH |
|  | Unit type | Site-based Scattered-site |

# proposed Housing & VOUCHER location

|  |  |  |
| --- | --- | --- |
| Participant intends to use voucher for: | Where will the voucher be used? | |
| Current unit | County |  |
| New unit (already secured) |  |  |
| New unit (need to secure) |  | |

# CoC Move up eligibility screen

Participant entered program via Coordinated Entry (CE) referral or entered prior to CE, OR participant entered a CE-exempt victim service program.

Participant was consulted and assessed for Move Up referral using CoC’s standard assessment for program type.

Participant has demonstrated housing stability in PSH, RRH, or TH and is likely to remain stably housed with a Move Up voucher. Housing stability marker:

* PSH residence for at least two (2) years
* RRH or TH residence for at least one (1) year
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant has low ongoing service needs to maintain housing (e.g. case management less than once per month) OR has connections to mainstream services to maintain housing.

Participant is unable to secure housing in the community without subsidy due to fixed or inadequate income.

Participant is unlikely to receive rental assistance from any other program within the next 6 months or before program end, whichever is sooner.

Participant has a post-program housing stability or support plan (or will within 30 days).

Participant is not excluded from federally assisted housing due to either lifetime registered sex offender status (self or any household member) or prior eviction from federally assisted housing for the manufacture of methamphetamine (self or any household member).

## Pre-screen for Other voucher programs or preferences

Participants may be eligible for more than one voucher programs. Check any that apply.

Participant household includes at least one person between age 18 to 61 who has a disability.

Participant household meets at least one of these subpopulation criteria:

* Household includes at least one adult (age 18 or older) who is a U.S. military veteran eligible for VA healthcare;
* Participant household was referred by a domestic violence agency; or
* Participant is aged 18 to 24 and 1) is exiting or recently exited foster care and 2) is at high risk of experiencing homelessness.

## CoC PrioritIZATION Considerations

1. Equity: Participant has one or more known barrier to qualify for other federally assisted housing programs.
   * Any member of the family has been evicted from federally assisted housing in the last five years.
   * A PHA has ever terminated assistance under the program for any member of the family.
   * Any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.
   * The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
   * The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.
   * The family breached an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.
   * The family engaged in or threatened abusive or violent behavior toward PHA personnel.
   * The family has been engaged in criminal activity or alcohol abuse.
   * The family does not have supporting documentation of Social Security Numbers or eligible immigration status.
2. Level of housing stability: Participant Move On Assessment total score \_\_\_\_\_.
3. Urgency/risk: Participant must exit program or unit by \_\_/\_\_/\_\_.
4. Readiness: Participant will use voucher in their current unit or a new unit already secured. Detail for new unit secured: Move in date: \_\_/\_\_/\_\_; Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## Signature

The information contained in this request form is as accurate as possible. The participant and case manager have met to discuss the Move Up program and feel that they are a good candidate. The agency will provide follow-up services to the participant and the participant understands that they must provide data and information to the applicable Housing Authority for reporting purposes. In addition, the participant understands that submitting this application does not guarantee acceptance.

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Participant Signature Date Case Manager Signature Date