Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC’s project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.
**1A. Continuum of Care (CoC) Identification**

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**1A-1. CoC Name and Number:** NY-505 - Syracuse/Onondaga, Oswego Counties CoC

**1A-2. Collaborative Applicant Name:** Onondaga County

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** The Salvation Army, Syracuse Area Services
## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Low income legal services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fair Housing Agency</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Foundations/United Way</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

(limit 1000 characters)

The Housing and Homeless Coalition (HHC), which is the formal governing body of the CoC, issues open invitations to the public to attend monthly meetings which are at the same time and location. Potential members are encouraged to attend committee meetings in their area of interest.

Over the past year, the CoC Coordinator and CoC members have had many meetings to build partnerships with various individuals and organizations that have knowledge of homelessness within the CoC which include the local Federally Qualified Health Center, United Way, community foundations, McKinney Vento school liaisons, business owners and the local Downtown Committee. This has increased our community’s capacity to be able to respond effectively to issues that impact people experiencing homelessness.

In early 2015, Oswego County’s CoC (formerly NY-509) merged with NY-505. Merging has been beneficial to both communities in facilitating planning discussions and trying to best serve this population.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Youth Service Provider (up to 10)</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Salvation Army Syracuse Area Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Onondaga County Youth Bureau</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Oswego County Opportunities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vera House, Inc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Oswego County Opportunities Services to Aid Families</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>The Salvation Army Syracuse Area Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>McMahon Ryan Child Advocacy Center</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Oswego County Child Advocacy Center</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Spanish Action League</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

<table>
<thead>
<tr>
<th>Opening Doors Goal</th>
<th>CoC has established timeline?</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Veteran Homelessness by 2015</td>
<td>Yes</td>
</tr>
<tr>
<td>End Chronic Homelessness by 2017</td>
<td>Yes</td>
</tr>
<tr>
<td>End Family and Youth Homelessness by 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Set a Path to End All Homelessness by 2020</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)
The CoC’s Strategic Initiatives Committee recently updated the goals and objectives of its 10 year plan to end homelessness with guidance from USICH’s recent update. Using the CoC check-up from several years ago which states our goals and objectives, the CoC updated it and assigned action steps to various individuals, committees or organizations. The CoC Coordinator has constant communication with persons working on the action steps. Oftentimes, meetings are scheduled to check on progress as well. At HHC meetings, invitations are made to attendees to attend various committee meetings.

In addition, when it comes to working on the various populations, the CoC has set up committees/workgroups to ensure progress is being made on ending veterans homelessness, chronic homelessness, youth and family homelessness.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC releases a RFP for each funding cycle that is sent out through the HHC listserv which contains organizations that are not currently CoC-funded. The CoC also sends out a press release to all local news outlets to inform the community of the funding opportunity. Also, at the general HHC meeting (which garners over 50 individuals) and committee/workgroup meetings, the funding opportunity is discussed.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?  Monthly
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Funding or Program Source</th>
<th>Coordinates with Planning, Operation and Funding of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>HeadStart Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Other housing and service programs funded through Federal, State and local government resources.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC’s geographic area, and 24 CFR 91.100(a)(2)(I) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

| Number of Con Plan jurisdictions with whom the CoC geography overlaps | 2 |
| How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process? | 2, 100.00% |
| How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data? | 2, 100.00% |
| How many of the Con Plan jurisdictions are also ESG recipients? | 2 |
| How many ESG recipients did the CoC participate with to make ESG funding decisions? | 2, 100.00% |
1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC’s geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

Both the City of Syracuse and Onondaga County have representatives that sit on the HHC Advisory Board and Onondaga County is the Collaborative Applicant with the CoC Coordinator’s office located at Onondaga County Department of Social Services offices. The City of Syracuse ESG Coordinator has daily communication with the CoC Coordinator and the ESG Coordinator also acts as the Mayor’s Representative for the Mayor’s Challenge to End Veteran Homelessness. Both the City and the County ESG Administrators sit on several CoC committees. Oswego County’s Homeless Coalition, COACH, has a Housing Subcommittee wherein an Oswego County Planning Department staff member sits on this committee. Subcommittee members regularly attend Oswego County planning sessions. Oswego County is not an entitlement community and therefore does not have a Consolidated Plan.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

The ESG Coordinators for the Syracuse and Onondaga County both serve on the Ranking and Ratings Committee and on the Advisory Board. The CoC Coordinator and the ESG Coordinators are constantly communicating, especially around funding, performance standards and evaluation outcomes. The ESG and CoC Coordinators have gone on site visits together as well and have created a CoC/ESG dual-funding organizations chart. The City of Syracuse ESG Coordinator also sits on the Operations Committee which updates the CoC monitoring tool annually as well as the gaps and needs study that the CoC does annually. All current ESG recipients regularly attend CoC/HHC/COACH meetings and work collaboratively. There is ongoing collaboration and conversations with Onondaga County DSS and Oswego County DSS with the respective ESG programs in these counties.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.
(limit 1000 characters)
Most of Onondaga and Oswego County local victim service providers attend the monthly CoC meetings and vote on CoC leadership. In addition, a representative often attends the Coordinated Entry workgroup meeting if there is an individual that they are especially concerned about. Both Onondaga and Oswego County have DV advocates stationed at DSS and workers designated to DV cases. Shelter residents who are DV survivors are provided special accommodations. In Oswego County, there is a transitional housing program that has support staff funded by OVW that provide financial and case management support to DV survivors. Housing accommodations are secure and confidentiality is maintained in CoC-funded and some non-CoC funded housing programs. Shelter case managers take care to explain security in housing programs to determine if the client is comfortable with these settings and the client ultimately determines the most appropriate option for them and their safety.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC’s geographic area. If there are more than 5 PHAs within the CoC’s geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA’s administrative planning document(s) clearly showing the PHA’s homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syracuse Housing Authority</td>
<td>1.00%</td>
<td>No</td>
</tr>
</tbody>
</table>

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)
The newly implemented Affordable Housing Development Committee which is chaired by the City of Syracuse Neighborhood and Business Development Deputy Commissioner and the Onondaga County Housing Program Coordinator (both ESG departments) have created a master list of all affordable, low-income housing in Onondaga County and the Committee is made up of both public and private housing developers. The Medicaid Redesign subsidies, funded through the New York State (NYS) Department of Mental Health, Department of Health and NYS Office of Alcohol and Substance Abuse Services (OASAS), targets frequent users of services for persons at risk of homelessness. Onondaga County and Oswego County receive funding from the NYS Office of Temporary and Disability Assistance (OTDA) for homeless housing beds. Additionally, Housing Visions is a multi-county agency in NYS that develops housing and applies for funds to partner with current agencies to create low-income housing opportunities for persons experiencing homelessness and revitalize impoverished neighborhoods. Due to their efforts, Syracuse has greatly reduced the amount of homeless Veterans in the community.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Implemented communitywide plans: | X |
| No strategies have been implemented: |

Syracuse Police attend both the CoC General Meeting and the Outreach Committee meeting. Police will always contact the CoC to determine ways to get individuals housed and suggestions for how to best serve unsheltered individuals

The Downtown Committee of Syracuse employs a retired police officer that also attends the Outreach Committee meetings and canvasses the area with outreach staff. Individuals who are panhandling are not ticketed and phone calls are made to outreach providers instead. Our CoC has active communication with law enforcement.

Panhandling bans are discussed from time to time but never implemented due to CoC advocacy efforts
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC’s geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>x</td>
</tr>
<tr>
<td>Health Care</td>
<td>x</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>x</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>x</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Select the systems of care within the CoC’s geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

<table>
<thead>
<tr>
<th>System of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>x</td>
</tr>
<tr>
<td>Health Care</td>
<td>x</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>x</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>x</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)

N/A
1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The Coordinated Entry (CE) process starts at DSS and then after hours using the local 211 line. This system has been connecting people to shelter and other immediate needs as well as doing diversion assessments to determine if callers have other housing options. People with higher level needs go through this process and are discussed through the CoC’s CE Workgroup which began in January 2015. The CoC passed the CE Policies & Procedures Manual that lays out how the CoC will prioritize vulnerable people experiencing homelessness. Currently, shelters and outreach workers assess people using the VI-SPDAT. HMIS is used to identify those with the longest length of stays in shelter/on the street and the highest levels of vulnerability. The workgroup, which is made up of shelter discharge planners and PH intake workers, performs case conferencing and ensures that these individuals are being placed on the top of waitlists. This effort has successfully housed over 30 people using CE procedures.
1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC’s coordinated entry process. If the organization or person does not exist in the CoC’s geographic area, select “Not Applicable.” If there are other organizations or persons that participate not on this list, enter the information, click “Save” at the bottom of the screen, and then select the applicable checkboxes.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinated Entry Process</th>
<th>Receives Referrals from the Coordinated Entry Process</th>
<th>Operates Access Point for Coordinated Entry Process</th>
<th>Participates in Case Conferencing</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Contact Community Services, Inc./Local 211</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Onondaga County Adult Protective Services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Americorp (Oswego County)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

- How many renewal project applications were submitted in the FY 2015 CoC Program Competition? 34
- How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? 3
- How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition? 31
- Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition? 100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

<table>
<thead>
<tr>
<th>Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance outcomes from APR reports/HMIS</td>
<td></td>
</tr>
<tr>
<td>Length of stay</td>
<td>X</td>
</tr>
<tr>
<td>% permanent housing exit destinations</td>
<td>X</td>
</tr>
<tr>
<td>% increases in income</td>
<td>X</td>
</tr>
</tbody>
</table>

FY2015 CoC Application | Page 16 | 12/01/2015
### Monitoring criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Eligibility</td>
<td></td>
</tr>
<tr>
<td>Utilization rates</td>
<td>X</td>
</tr>
<tr>
<td>Drawdown rates</td>
<td>X</td>
</tr>
<tr>
<td>Frequency or Amount of Funds Recaptured by HUD</td>
<td>X</td>
</tr>
</tbody>
</table>

### Need for specialized population services

<table>
<thead>
<tr>
<th>Population Services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td></td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>X</td>
</tr>
<tr>
<td>Persons Experiencing Chronic Homelessness</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>X</td>
</tr>
</tbody>
</table>

### None

#### 1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.

(limit 1000 characters)

The CoC used HMIS data and examined the need for populations served/will be served by all projects: bonus, new projects created from reallocation and renewals. The Ranking and Ratings Committee determined that prioritizing the chronically homeless first would allow for the CoC to have an impact on that population. The Committee also examined projects' previous performance measures and ability to care for and work with the most vulnerable individuals in our community.
1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

In July 2015, the CoC passed the Ratings and Rankings Protocol which is attached and details the Ranking and Ratings process. The document was posted on the HHC website (www.hhccny.org) and emailed out to the HHC listserv. The RFP for bonus and new project applications created from reallocation is also posted on the website and emailed to the listserv.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC’s full membership must be attached.)

09/22/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

09/30/2015
1F-6. Is the Annual Renewal Demand (ARD) in the CoC’s FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes
1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)
The Operations Committee operates as a sub-committee of the HHC/CoC, reviewing project performance and compliance as outlined by HUD. The Committee is made up of both CoC and non-CoC funded organizations including DSS, ESG and CoC Coordinator. Objective monitoring tools are utilized in conjunction with site visits, evaluating HMIS data collection/reports, reviews project APRs, verification documentation and environmental standards. Specifically, project renewal applications are compared with HMIS outcome reports to assess progress in goal areas. Additionally, the Data Administrators Committee/HMIS System Administrator provides monthly reports relative to performance goals, indicates areas that need improvement and works directly with projects/grantees relative to improvement strategies.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC’s governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC’s attached governance charter or the attached MOU. 9

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes
2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).

ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems
## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2B-1. Select the HMIS implementation coverage area:
Single CoC

### 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

#### 2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$133,611</td>
</tr>
<tr>
<td>ESG</td>
<td>$0</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Federal - HUD - Total Amount</strong></td>
<td><strong>$133,611</strong></td>
</tr>
</tbody>
</table>

#### 2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Federal - Total Amount</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>
### 2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>$0</td>
</tr>
<tr>
<td>County</td>
<td>$0</td>
</tr>
<tr>
<td>State</td>
<td>$0</td>
</tr>
<tr>
<td>State and Local - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

### 2B-2.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$0</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

### 2B-2.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$0</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### 2B-2.6 Total Budget for Operating Year

$133,611
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):
05/01/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2015 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter beds</td>
<td>504</td>
<td>54</td>
<td>450</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>276</td>
<td>0</td>
<td>266</td>
<td>96.38%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>1,270</td>
<td>0</td>
<td>1,270</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>70</td>
<td>0</td>
<td>60</td>
<td>85.71%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

The plan to increase the percentage over the next 12 months is to have Oswego County to add program data to HMIS.
2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.

(limit 1000 characters)

<table>
<thead>
<tr>
<th>Program Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Domiciliary (VA DOM)</td>
<td></td>
</tr>
<tr>
<td>VA Grant per diem (VA GPD)</td>
<td></td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission</td>
<td></td>
</tr>
<tr>
<td>Youth focused projects</td>
<td></td>
</tr>
<tr>
<td>HOPWA projects</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td>X</td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage?  

Monthly
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

<table>
<thead>
<tr>
<th>Report</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Annual Performance Report (APR):</td>
<td>X</td>
</tr>
<tr>
<td>Annual Homeless Assessment Report (AHAR) table shells:</td>
<td>X</td>
</tr>
</tbody>
</table>
2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

12

2D-4. How frequently does the CoC review data quality in the HMIS?

Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC’s HMIS.

<table>
<thead>
<tr>
<th>Program</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Supportive Services for Veteran Families (SSVF):</td>
<td>X</td>
</tr>
<tr>
<td>VA Grant and Per Diem (GPD):</td>
<td>X</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY):</td>
<td>X</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH):</td>
<td>X</td>
</tr>
<tr>
<td>HOPWA</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
N/A
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/01/2015
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count:</td>
<td>X</td>
</tr>
<tr>
<td>Random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Obtaining shelter data from domestic violence organization</td>
<td>X</td>
</tr>
</tbody>
</table>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons:</td>
<td>X</td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

2F-3. Provide a brief description of your CoC’s sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)
HMIS data is regularly checked for accuracy. The system collects all the subpopulation data. The PIT report in ServicePoint is reviewed and client detail data is reviewed for accuracy. If there are any discrepancies providers are contacted to confirm information. Clients are interviewed if there is a concern that shelter numbers are not accurate. Oswego County uses PIT data that they manually calculate from numbers provided from DSS and other service providers who use day of and next day surveys with clients.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

There was no change in the CoC’s method.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?  Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The CoC merged with Oswego County and their Point in Time Count data merged with Onondaga County’s.
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Provider follow-up</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques</td>
<td>X</td>
</tr>
</tbody>
</table>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There was no change to the way the Onondaga County implemented its sheltered PIT Count from 2014 to 2015. Oswego County does not have shelters in their County and relies on hotels/motels to shelter residents in a partnership between Oswego County Opportunities, Catholic Charities of Oswego County, Salvation Army and Oswego County Department of Social Services. All of these individuals and families were put in Oswego’s data system.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/01/2015
2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - known locations</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - random sample</td>
<td></td>
</tr>
<tr>
<td>Service-based count</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
</tbody>
</table>

2I-2. Provide a brief description of your CoC’s unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Several Onondaga CoC providers were out the night of the count looking in locations where persons that are staying in places not meant for human habitation might be. Hospital ERs, bus/train stations, airports were all places that were checked and persons were interviewed to determine if they were homeless. Meal providers in the community asked persons who came in the next day where they spent the night last night. This verified names and five names were found in this method. Persons who were provided services at the soup kitchen were asked if they had shelter for the night and the next evening where did they stay the night before. HMIS was used to verify that the persons stating they were unsheltered had not made their way to a shelter during the night of the count. Oswego County conducted next day surveys at day programs and soup kitchens to determine where people stayed the night before and did not canvass the County due to funding limitations.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

There was no change in the CoC's methodology.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If “Yes” is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)
**2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality**

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

<table>
<thead>
<tr>
<th>Training</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Blitz” count:</td>
<td></td>
</tr>
<tr>
<td>Unique identifier:</td>
<td>X</td>
</tr>
<tr>
<td>Survey question:</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The Veterans Administration participated in canvassing activities for the night of the PIT Count, however no Veterans were found unsheltered.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.


* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2014 PIT (for unsheltered count, most recent year conducted)</th>
<th>2015 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>857</td>
<td>821</td>
<td>-36</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>490</td>
<td>587</td>
<td>97</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>360</td>
<td>221</td>
<td>-139</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>850</td>
<td>808</td>
<td>-42</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>7</td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>5,751</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>5,082</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>669</td>
</tr>
</tbody>
</table>

Applicant: Syracuse/Onondaga, Oswego Counties CoC
Project: Syracuse/Onondaga, Oswego Counties CoC (NY-505)

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time. (limit 1000 characters)

Onondaga DSS and the local 211 serve as the single point of entry for individuals experiencing homelessness or at-risk of homelessness. Oswego DSS, Oswego Catholic Charities, Oswego Salvation Army and Oswego County Opportunities serve as the single point of entry for individuals experiencing homelessness or at-risk of homelessness. Both counties practice diversion techniques such as asking individuals if they have other places that they can temporarily reside and connecting people to community services that assist with security deposits, rental assistance, utility payments, etc. They also refer people to legal services that can assist with eviction orders. Onondaga County conducted focus groups for the gaps and needs analysis and met with people experiencing homelessness in shelter and asked questions related to their homelessness. What was discovered was that there is more work to do in the community to prevent homelessness on every level: joblessness, transportation, education, etc.


Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless. (limit 1000 characters)

Onondaga DSS has per diem contracts with local shelters and ensures that no one will be in shelter longer than 45 days. Those who are in shelter longer and have a VI-SPDAT will be placed on the Coordinated Entry list to determine the most appropriate housing placement as well as community supports/services. Families have reduced their shelter time due to Coordinated Entry efforts and the use of temporary assistance. Individuals, particularly those without a diagnosis, require more effort to reduce shelter time due to a lack of resources and affordable housing. The CoC connects these clients with the CHANCE team, made up of a psychiatric NP and a MSW, to assess and provide qualifying diagnoses for housing. The CoC has member programs in RHY, SHI and PATH, assist in the housing and support of clients exiting shelter. Oswego provides temporary shelter in hotels and refers to ESG to provide temporary housing support such as financial assistance, support services, and security deposits.
* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th>Universe: Persons in SSO, TH and PH-RRH who exited</th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>1,255</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>73.87%</td>
</tr>
</tbody>
</table>

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?</td>
<td>1,315</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>91.26%</td>
</tr>
</tbody>
</table>

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)
In Onondaga and Oswego, there is coordination with housing and homeless services, financial, legal and support services. This deters evictions and helps tenants rectify problems that could cause recidivism. HMIS monthly score cards report entries and exits. Housing programs, CoC-funded and non, set residents up with a case manager to implement a service plan and assist with goals. Most CoC-funded programs ensure that their program is being delivered in a Housing First fashion to not create barriers maintaining housing. The CoC Coordinator is aware of many PH/TH discharges and intervenes when necessary based on HUD’s Interim Rule that programs exercise judgment and examine circumstances in determining when violations are serious enough to warrant termination so that this occurs only in the most severe cases. The CoC has maintained an over 90% rate of participants remaining in CoC-funded permanent housing projects for at least six months according to HMIS data.


Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

DSS’ Jobs Plus Program and CNY Works provide supports for homeless/housing vulnerable clients to increase income. DSS Social Security Transition Unit provides assistance to disabled persons involving the SOAR application to expedite the process. Visions for Change provides job training in soft skills to low income persons assisting them in securing employment. They have a Guiding Coalition, which many members of the CoC are also members of, and meet to ensure resources are available and develop a strategic plan that will allow them to work on eliminating barriers that hold people in poverty. Oswego’s programs makes referrals to employment programs for training, support, and assisting in maintaining and obtaining employment. Project Joseph is a program that employs Catholic Charities clients with significant barriers to private market employment. Clients work with Catholic Charities property management staff to care for the agency’s properties and apartments.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)
Many agencies in Onondaga and Oswego assist people in increasing their income specifically through financial literacy classes and job training programs. One agency, South Side Innovation Center, is dedicated to helping individuals become entrepreneurs to fulfill their dreams. Project Joseph seeks competitive work for homeowners, churches, businesses and nonprofits to create job opportunities for clients interested in paying work. 211CNY houses a database of agencies which provide employment-related programs and provides referrals that support job-seeking efforts. Syracuse Behavioral Healthcare has the CoC-funded Keys to Employment and Economic Stability (K.E.E.S.) Program provides PH to 20 homeless individuals with a disability. Participants are assigned a case manager who provides support and assists in working toward goals and enrolled in the Talent, Education, and Development Program in coordination with Syracuse University to prepare them for reentry into the workforce.


How does the CoC ensure that all people living unsheltered in the CoC’s geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

The CoC has an Outreach Committee made up of CoC and non-CoC members, responsible for collaborative outreach in Syracuse/Onondaga. Monthly, the Committee reviews HMIS reports and conducts case reviews on the unsheltered. Outreach occurs mainly in the city where the majority of unsheltered reside and takes place in outlying suburbs, especially at known sites or when a call is received regarding anyone unsheltered. Several CoC members canvass and disseminate information to the CoC on the whereabouts of the unsheltered. The Committee collaborates with police to assist encampments in securing housing. Brochures and business cards are given with contact/social media information to assist the unsheltered. Programs and volunteers provide items to draw the unsheltered closer to housing. 211 does direct marketing on the resources it provides. When the unsheltered aren’t connected to services and in mental health units, Onondaga MH Single Point of Access (SPOA) does in-reach.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?

No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC’s unsheltered PIT count?
(limit 1000 characters)
N/A - The CoC did not exclude geographic areas from the unsheltered PIT Count.
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>78</td>
<td>57</td>
<td>-21</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>76</td>
<td>57</td>
<td>-19</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>2</td>
<td>0</td>
<td>-2</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)
There has been a gradual decrease in the number of chronically homeless persons in the CoC, both sheltered and unsheltered, for a variety of reasons, but mainly related to the commitment from our CoC and community to prioritize chronically homeless people for housing. There has been an increase in the number of chronically homeless CoC-funded beds as well. There has been an increase in funding from the New York State Medicaid Redesign Team which are funds that have been received from the Affordable Care Act for individuals with chronic health conditions and often times, people who are chronically homeless also have a chronic health condition and therefore, qualify for these beds.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

The CoC has been adding beds for chronically homeless persons through CoC funding for several years. We will continue to focus our goal to move chronically homeless individuals and families into permanent housing. Available non dedicated permanent housing beds will be prioritized for chronically homeless. In 2013 30 Medicaid Redesign Beds became available through Medicaid reallocation. Our community focused on the chronically disabled population to fill these beds. Although the beds do not require a person to be homeless, many individuals in this population have had several episodes of homelessness. The MRT funds will continue to be key to providing a housing resource for chronically homeless persons and to meet the proposed numeric goals as indicated above. In addition a project is currently planned to provide additional permanent beds for chronically homeless women. An agency is working with a local housing provider to secure funds from New York State through HHAP, Medicaid redesign and NYS Office of Mental Health Supportive Housing to build 15 additional units for chronically homeless women. A local men's shelter will be adding 4 permanent supportive housing beds in 2014.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)
The chronically homeless women's project has not come online yet due to difficulty in securing state and federal funding. The local men's shelter did add 4 PSH beds in 2014. In 2016, through NYS HHAP funding, Onondaga is expecting a shelter provider to add 68 units for homeless individuals and through NYS OASAS funding, a substance use provider to add 74 units for individuals to prevent homelessness. In addition, during this application process, our CoC will be adding a minimum of 50 chronic beds for individuals and families. Medicaid Redesign and NYS Office of Mental Health Supportive Housing will create 15 additional units for chronically homeless women. CSH also did a study based on our AHAR/HIC/PIT data that indicated a need for approximately 600 units for individuals and 150 units for families.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

<table>
<thead>
<tr>
<th>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>160</td>
<td>107</td>
</tr>
</tbody>
</table>

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

There is a decrease in the number of CH beds for the 2015 HIC, however in October 2015, 14 chronic beds came on-line as a result of reallocating CoC funds in the 2014 NOFA application. We will see an increase in the 2016 HIC. The reason for the decrease is due to CNY Services and Syracuse Behavioral Healthcare removing their dedicated chronic beds due to an inability to serve them using a Housing First approach. This is due to other state funding requirements from the Office of Mental Health and the Office of Alcoholism and Substance Abuse (respectively). This year, these agencies are migrating toward a shift due to Coordinated Entry Policies and Procedures and enhanced CoC monitoring efforts following the hire of a dedicated CoC Coordinator from Planning Grant funding. We expect to see an increase in CH beds and a higher level of ability in creatively serving this population.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes
3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

<table>
<thead>
<tr>
<th>Percentage of CoC Program funded PSH beds prioritized for chronic homelessness</th>
<th>FY2015 Project Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.</td>
<td>821</td>
</tr>
<tr>
<td>Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.</td>
<td>86</td>
</tr>
<tr>
<td>Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.</td>
<td>86</td>
</tr>
<tr>
<td>This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)
The CoC's Coordinated Entry (CE) Workgroup will continue to serve as the primary unit concentrating its efforts toward ending chronic homelessness by 2017. Toward this end, the CE Workgroup will require homeless providers to adhere to the CE Policy and Procedures Manual to provide prioritized services, housing and interventions for the chronically homeless population. For homeless individuals that are deemed frequent consumers or “hard to house,” the Workgroup will initiate VI-SPDAT assessments to determine the most appropriate and expedited housing options available. The Workgroup will also connect these same prioritized clients with the local CHANCE team, to provide qualifying diagnoses for permanent housing. The Workgroup also has direct access to CoC and non-CoC programs for additional support such as RHY, SHI and PATH. Additionally, the CoC has been granted H2 Collaborative TA and will be hosting a statewide two-day session in Spring 2016 to provide training on this effort.
3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization:</td>
<td>X</td>
</tr>
<tr>
<td>Number of previous homeless episodes</td>
<td></td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History</td>
<td></td>
</tr>
<tr>
<td>Bad credit or rental history (including not having been a leaseholder)</td>
<td>X</td>
</tr>
<tr>
<td>Head of household has mental/physical disabilities</td>
<td></td>
</tr>
<tr>
<td>Household member has any of the above listed concerns</td>
<td>X</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
3B-2.2. Describe the CoC’s plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

If families come in who already have income established, they will be rapidly rehoused within 30 days of becoming homeless. If they do not have income, in New York State, it takes 45 days for an individual to receive temporary assistance and 30 days for families. Individuals and families who do not qualify for CoC-funded programs will be rehoused within that time frame. The CoC is committed to expanding RRH funds for both individuals and families.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

- CoC policies and procedures prohibit involuntary family separation: X
- There is a method for clients to alert CoC when involuntarily separated: X
- CoC holds trainings on preventing involuntary family separation, at least once a year: None:
- None: None:
- None: None:

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children
### 3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There has been a gradual increase in the number of families experiencing homelessness locally due to a lack of safe and affordable housing. Families tend to spend less time homeless, however tend to experience homelessness at frequent rates.

### 3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

- Human trafficking and other forms of exploitation?
- LGBTQ youth homelessness?
- Exits from foster care into homelessness?
- Family reunification and community engagement?
- Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?
- Unaccompanied minors/youth below the age of 18?

<table>
<thead>
<tr>
<th>Strategy</th>
<th>CoC Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human trafficking and other forms of exploitation?</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBTQ youth homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Exits from foster care into homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Family reunification and community engagement?</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?</td>
<td>Yes</td>
</tr>
<tr>
<td>Unaccompanied minors/youth below the age of 18?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

- Diversion from institutions and decriminalization of youth actions that stem from being trafficked: X
- Increase housing and service options for youth fleeing or attempting to flee trafficking: X
- Specific sampling methodology for enumerating and characterizing local youth trafficking: X
- Cross systems strategies to quickly identify and prevent occurrences of youth trafficking: X
- Community awareness training concerning youth trafficking: X
Referrals are made to McMahon/Ryan Child Advocacy Center for youth trafficking services

<table>
<thead>
<tr>
<th>N/A:</th>
<th></th>
</tr>
</thead>
</table>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>FY 2013 (October 1, 2012 - September 30, 2013)</th>
<th>FY 2014 (October 1, 2013 - September 30, 2014)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of access to family and community support networks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

<table>
<thead>
<tr>
<th>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:</th>
<th>FY 2013 (October 1, 2012 - September 30, 2013)</th>
<th>FY 2014 (October 1, 2013 - September 30, 2014)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45</td>
<td>40</td>
<td>-5</td>
</tr>
</tbody>
</table>

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)
There were five less individuals that were in an unsheltered situation prior to entry in FY2014 vs. FY2013. As we continue to progress and learn more prevention measures and evidenced-based practices, the CoC has improved its efforts. Oswego has homeless advocates stationed in several schools to reduce barriers to services such as the need for transportation. Oswego also has a new Community School Initiative in one district that creates opportunities for community members to receive services at the school district, and after standard work hours in order to decrease barriers to accessing community resources. The Salvation Army Syracuse Area Services has an outreach team that works with high-risk youth to develop an individualized service plan to address immediate crises and provide linkages to support services in the community. Mobile Case Managers provide services to youth living anywhere in Onondaga County; including places not meant for human habitation.

### 3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

<table>
<thead>
<tr>
<th></th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</td>
<td>$2,980,270.00</td>
<td>$3,214,272.00</td>
<td>$234,002.00</td>
</tr>
<tr>
<td>CoC Program funding for youth homelessness dedicated projects:</td>
<td>$692,378.00</td>
<td>$1,057,618.00</td>
<td>$365,240.00</td>
</tr>
<tr>
<td>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</td>
<td>$2,287,892.00</td>
<td>$2,156,654.00</td>
<td>($131,238.00)</td>
</tr>
</tbody>
</table>

### 3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>5</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>3</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>20</td>
</tr>
</tbody>
</table>

### 3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.

(limit 1000 characters)
The Onondaga County RHY Coordinator sits on the CoC Advisory Board and that person has facilitated meetings with the CoC Coordinator, DSS, HMIS System Administrator and McKinney-Vento local education liaisons as well as foster care representatives. McKinney-Vento local education liaisons state that there are over 2,000 children in Onondaga County since the start of this school year that are experiencing homelessness under the McKinney-Vento homeless definition. Local DSS has had follow-up meetings with them this year to determine how we can help these families. There has been better connections between probation and juvenile justice and McKinney-Vento School Liaisons to ensure that youth’s educational needs are being met.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

In each CoC-funded program that has children, there is a school liaison to ensure that the program is following the law to getting children enrolled in a school district and attending school. The CoC monitoring tool has a question that projects must answering ensuring there is a representative. In addition, in family shelters, the case managers must interact with the McKinney-Vento liaisons in schools to ensure that transportation is arranged and children are seamlessly enrolled at a school. Shelters are aware of CoC and ESG programs and the eligibility requirements. McKinney-Vento liaisons have been briefed on eligibility requirements for these programs as well.
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>22</td>
<td>16</td>
<td>-6</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>22</td>
<td>16</td>
<td>-6</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There has been a gradual decrease in the number of homeless Veterans and that is directly related to increases in funding for HUD-VASH and SSVF funding. There has been a targeted effort, both locally and nationally, to ensure Veterans are not homeless. There is also a local workgroup comprised of our CoC, the VA, SSVF, shelter providers and outreach workers to ensure we are rapidly rehousing Veterans and prioritizing them for housing.
3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Every Veteran that enters the shelter or is met outdoors from street outreach workers, is asked to sign a release of information for these entities to be able to communicate with the VA. The shelter or outreach worker immediately refers to the local VASH coordinator and the local SSVF coordinator.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

The CoC has a permanent housing for Veterans program that has less restrictive eligibility requirements than the VA. SSVF also has less restrictive eligibility requirements to qualify for housing assistance. If none of those options are available, the Veteran is prioritized for other CoC and non-CoC funded housing.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2015</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>24</td>
<td>16</td>
<td>-33.33%</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

Yes

This question will not be scored.
3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

Syracuse and Onondaga County has been approved to end Veteran homelessness according to the United States Interagency Council on Homelessness on November 6, 2015. The CoC, in partnership with the VA, established a "Functional Zero" plan to ensure that there is a policy in place for when Veterans experience homelessness locally and to ensure that prevention measures are in place. The City of Syracuse Mayor and the Onondaga County Executive signed onto the Mayor's Challenge to End Veteran Homelessness. The CoC has a Veterans Workgroup that meets either weekly or bimonthly to conduct case reviews from a master list generated by HMIS and ensure that we are following the Functional Zero plan. Our CoC is still working with a TA through the Vets @Home program on the best ways to maintain Functional Zero.
4A. Accessing Mainstream Benefits

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?
Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

<table>
<thead>
<tr>
<th>FY 2015 Assistance with Mainstream Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
</tr>
</tbody>
</table>

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)
There are many programs throughout the CoC that have healthcare navigators and facilitate health insurance enrollment for program participants and community members. Local community based organizations include The Salvation Army and Northeast Community Center, both of whom attend monthly HHC meetings and contribute to HMIS data. Navigators from these agencies provide community outreach to facilitate enrollment for health insurance.

### 4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

<table>
<thead>
<tr>
<th>Educational materials:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Trainings:</td>
<td>X</td>
</tr>
<tr>
<td>Transportation to medical appointments:</td>
<td>X</td>
</tr>
<tr>
<td>Case/Care Management Advocacy</td>
<td>X</td>
</tr>
<tr>
<td>Health Home Care Management Programs</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable or None:</td>
<td></td>
</tr>
</tbody>
</table>
4B. Additional Policies

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

<table>
<thead>
<tr>
<th>FY 2015 Low Barrier Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2015 competition:</td>
</tr>
<tr>
<td>Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

<table>
<thead>
<tr>
<th>FY 2015 Projects Housing First Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:</td>
</tr>
</tbody>
</table>
4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC’s geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

<table>
<thead>
<tr>
<th>Direct outreach and marketing:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of phone or internet-based services like 211:</td>
<td>X</td>
</tr>
<tr>
<td>Marketing in languages commonly spoken in the community:</td>
<td>X</td>
</tr>
<tr>
<td>Making physical and virtual locations accessible to those with disabilities:</td>
<td>X</td>
</tr>
</tbody>
</table>

Not applicable: 

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve any population in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135? (limit 1000 characters)
4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?

No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC’s ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.

Yes
4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

<table>
<thead>
<tr>
<th>Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate Value of Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Governance</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>CoC Systems Performance Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinated Entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data reporting and data analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Maximizing the use of mainstream resources</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Retooling transitional housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid re-housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under-performing program recipient, subrecipient or project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless services and health care system integration</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate Value of Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vets @home</td>
<td>10/07/2015</td>
<td>5</td>
</tr>
<tr>
<td>Merging CoCs</td>
<td>02/19/2015</td>
<td>5</td>
</tr>
<tr>
<td>H2 Collaborative</td>
<td>01/26/2015</td>
<td>5</td>
</tr>
</tbody>
</table>
# 4C. Attachments

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says “Does Not Apply”.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects</td>
<td>Yes</td>
<td>Reallocation Letter...</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>02. 2015 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td>Public Posting Evidence...</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure</td>
<td>Yes</td>
<td>Ratings and Ranking...</td>
<td>10/12/2015</td>
</tr>
<tr>
<td>04. CoC's Rating and Review Procedure: Public Posting Evidence</td>
<td>Yes</td>
<td>Ratings and Review...</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>05. CoCs Process for Reallocation</td>
<td>Yes</td>
<td>Ratings and Ranking...</td>
<td>10/29/2015</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>Housing and Homeless...</td>
<td>11/02/2015</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>PHA Preference Section...</td>
<td>10/29/2015</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>Coordinated Entry...</td>
<td>10/29/2015</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Reallocation Letters FY2015

Attachment Details

Document Description: Public Posting Evidence FY2015

Attachment Details

Document Description: Ratings and Ranking Protocol

Attachment Details

Document Description: Ratings and Review Procedure Public Posting FY2015

Attachment Details

Document Description: Ratings and Rankings Protocol

Attachment Details

Document Description: Housing and Homeless Coalition Operational Guidelines
Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Preference Sec. 10-1 (pages 24-25)

Attachment Details

Document Description: HMIS MOU

Attachment Details

Document Description: Coordinated Entry Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Functional Zero Plan
Attachment Details

Document Description:

Attachment Details

Document Description:
### Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>1B. CoC Engagement</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>1D. CoC Discharge Planning</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>1E. Coordinated Assessment</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>1F. Project Review</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>1G. Addressing Project Capacity</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2B. HMIS Funding Sources</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2C. HMIS Beds</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2D. HMIS Data Quality</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2E. Sheltered PIT</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2F. Sheltered Data - Methods</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2G. Sheltered Data - Quality</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2H. Unsheltered PIT</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2I. Unsheltered Data - Methods</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2J. Unsheltered Data - Quality</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>3B. Objective 1</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>3B. Objective 2</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>3B. Objective 3</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>4A. Benefits</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>4B. Additional Policies</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>4C. Attachments</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
October 12, 2015

Syracuse Housing Authority
Attn: William Simmons; Executive Director
516 Burt St
Syracuse, NY 13202

Dear Mr. Simmons:

The Continuum of Care’s Ranking and Ratings Committee met on September 30, 2015 to determine which projects will be eliminated or reduced and reallocated for other projects. The Committee decided that two of the Syracuse Housing Authority’s Shelter Plus Care projects will be reduced:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Grant Number</th>
<th>Renewal Amount</th>
<th>Reduction</th>
<th>Amount Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSPC Renewal 2014-46</td>
<td>NY0087L2C051407</td>
<td>$1,851,948</td>
<td>$480,000</td>
<td>$1,371,948</td>
</tr>
<tr>
<td>FSPC Renewal 2014-47</td>
<td>NY0088L2C051407</td>
<td>$757,320</td>
<td>$95,000</td>
<td>$662,320</td>
</tr>
</tbody>
</table>

These reductions were proposed and accepted by the Syracuse Housing Authority due to significant portions of these funds going unused and returned to HUD due to challenges with program implementation.

It should be noted that our Advisory Board Chair, Liddy Hintz; Sarah Merrick, Department of Social Services Commissioner; Monica Brown, Department of Social Services Deputy Commissioner; Stephanie Pasquale, City of Syracuse Neighborhood and Business Development Deputy Commissioner and I attended two meetings with David Paccione, Assistant Director for Development and Central Office Administration for the Syracuse Housing Authority and and Tom Posecznick, Housing Choice Voucher Program Administrator (HCVP), to discuss ways to improve utilization levels and remove any programmatic barriers. While we are all encouraged by changes that have been put in place, the HHC had asked the Housing Authority to evaluate appropriate funding levels for the upcoming Continuum of Care application. David informed me prior to the Ranking and Ratings Meeting that the Syracuse Housing Authority would voluntarily reduce funding for these programs by $575,000.

The HHC is grateful for the willingness of the Housing Authority to continue conversations over the coming year on how we can strengthen program design and delivery and enhance interagency partnerships to increase deployment of Shelter Plus Care funding. The Housing
Authority is a critical partner in transforming our homeless system and improving service delivery for the most vulnerable individuals and families experiencing homelessness in our community.

Thank you very much for your continued support, and please do not hesitate to contact me should you have any questions or concerns regarding the above referenced matter.

Sincerely,

[Signature]

Melissa A. Marrone, MSW
Housing & Homeless Coalition of Syracuse & Onondaga County Coordinator
Syracuse/Onondaga & Oswego Counties Continuum of Care (CoC) NY-505 Lead
John H. Mulroy Civic Center
421 Montgomery St., 12th Floor
Syracuse, NY 13202
melissa.marrone@dfa.state.ny.us
October 19, 2015

Liberty Resources
Attn: Carl Coyle; Chief Executive Officer
1045 James Street
Syracuse, New York 13203

Dear Mr. Coyle:

The Continuum of Care’s Ranking and Ratings Committee met on September 30, 2015 to determine which projects will be reallocated. Initially we determined that Liberty Resources DePalmer House would not be reallocated, but would only receive another year of funding due to the need for specialized housing for people with HIV.

As you may know, HUD is encouraging CoCs to evaluate their transitional housing projects and move toward more permanent housing and rapid rehousing projects according to evidence based research regarding transitional housing programs and their efficacy. After monitoring results showed poor performance measures from the program, the program was set to be our lowest ranked project. Additional points would have been lost to include non-youth focused transitional housing projects in our CoC NOFA Application.

I have had many productive conversations with Marta Durkin and she informed me that Liberty Resources would self-reallocate their project and allow the funding to go towards new projects that are permanent supportive housing for the chronically homeless, rapid rehousing and more HMIS funds for our community. For your records, this project has been reallocated:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Grant Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>DePalmer House Transitional Residence</td>
<td>NY007OL2C051407</td>
<td>$64,562</td>
</tr>
</tbody>
</table>

The HHC is grateful for the willingness of Liberty Resources to continue conversations over the coming year on how we can transform our homeless system to provide better service delivery for the most vulnerable individuals and families experiencing homelessness in our community.

Thank you very much for your continued support, and please do not hesitate to contact me should you have any questions or concerns regarding the above referenced matter.
Sincerely,

M.A. Marrone

Melissa A. Marrone, MSW
Housing & Homeless Coalition of Syracuse & Onondaga County Coordinator
Syracuse/Onondaga & Oswego Counties Continuum of Care (CoC) NY-505 Lead
John H. Mulroy Civic Center
421 Montgomery St., 12th Floor
Syracuse, NY 13202
melissa.marrone@dfa.state.ny.us
October 12, 2015

Syracuse Behavioral Healthcare
Attn: Jeremy Klemanski; Executive Director
329 North Salina Street
Syracuse, New York 13208

Dear Mr. Klemanski:

The Continuum of Care's Ranking and Ratings Committee met September 30, 2015 to determine which projects will be reallocated. The Committee decided that two Syracuse Behavioral Healthcare's transitional housing projects will be reallocated:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Grant Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Highland Street</td>
<td>NY0065L2C051407</td>
<td>$97,067</td>
</tr>
<tr>
<td>713 Hickory Street</td>
<td>NY0066L2C051407</td>
<td>$107,352</td>
</tr>
</tbody>
</table>

The reasons for reallocating these projects is due to an effort to bring online more permanent housing and rapid rehousing projects according to evidence based research regarding transitional housing programs and their efficacy. Another reason is due to the 2014 and 2015 CoC monitoring visits which showed that individuals in all of these programs were not coming from situations that reflect the HUD homeless definition.

It should be noted that our Advisory Board Chair, Liddy Hintz, and I had a meeting with Raymond Wright, SBH Residential Program Director and Lisa Mancini, SBH Chief Clinical Director wherein they voluntarily agreed to reallocate these programs due to these concerns and discussed ways to improve projects performance and we can provide better service to residents that are in both CoC-funded and NYS OASAS-licensed facilities. The HHC is grateful for the willingness of SBH to continue conversations over the coming year on how we can strengthen program design and delivery. SBH is a critical partner in transforming our homeless system to provide better service delivery for the most vulnerable individuals and families experiencing homelessness in our community.

Thank you very much for your continued support, and please do not hesitate to contact me should you have any questions or concerns regarding the above referenced matter.

Sincerely,

Melissa A. Marrone, MSW
Housing & Homeless Coalition of Syracuse & Onondaga County Coordinator
Syracuse/Onondaga & Oswego Counties Continuum of Care (CoC) NY-505 Lead
John H. Mulroy Civic Center
421 Montgomery St., 12th Floor
Syracuse, NY 13202
melissa.marrone@dfa.state.ny.us
SHA

Admissions and Continued Occupancy Management Policy

Revised and Board Approved: 3/2013
# ACOP TABLE OF CONTENTS

1.0 FAIR HOUSING .................................................................................................................. 5

2.0 REASONABLE ACCOMMODATION ................................................................................. 5
   2.1 COMMUNICATION ........................................................................................................... 6
   2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION ................................. 6

3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS .......... 8

4.0 FAMILY OUTREACH .......................................................................................................... 8

5.0 RIGHT TO PRIVACY ......................................................................................................... 8

6.0 REQUIRED POSTINGS ..................................................................................................... 8

7.0 TAKING APPLICATIONS .................................................................................................... 9

8.0 ELIGIBILITY FOR ADMISSION ....................................................................................... 11
   8.1 INTRODUCTION .............................................................................................................. 11
   8.2 ELIGIBILITY CRITERIA .................................................................................................. 11
   8.3 SUITABILITY .................................................................................................................. 14
   8.4 GROUNDS FOR DENIAL ................................................................................................ 16
   8.5 TIME FRAMES FOR DENIAL ......................................................................................... 18
   8.6 INFORMAL REVIEW/ADMINISTRATIVE REVIEW ......................................................... 20

9.0 MANAGING THE WAITING LIST .................................................................................... 21
   9.1 OPENING AND CLOSING THE WAITING LIST ............................................................ 21
   9.2 ORGANIZATION OF THE WAITING LIST ................................................................... 21
   9.3 FAMILIES NEARING THE TOP OF THE WAITING LIST ............................................ 22
   9.4 PURGING THE WAITING LIST ...................................................................................... 22
   9.5 REMOVAL OF APPLICANTS FROM THE WAITING LIST ......................................... 22
   9.6 MISSED APPOINTMENTS .............................................................................................. 23
   9.7 NOTIFICATION OF NEGATIVE ACTIONS .................................................................... 23
   9.8 LETTERS MAILED TO APPLICANTS BY THE SYRACUSE HOUSING AUTHORITY .... 23

10.0 TENANT SELECTION AND ASSIGNMENT PLAN ........................................................... 24
   10.1 PREFERENCES ................................................................................................................. 24
   10.2 ASSIGNMENT OF BEDROOM SIZES ......................................................................... 25
   10.3 SELECTION FROM THE WAITING LIST ....................................................................... 26
   10.4 DECONCENTRATION POLICY ...................................................................................... 27
   10.5 DECONCENTRATION INCENTIVES .............................................................................. 27
   10.6 OFFER OF A UNIT .......................................................................................................... 27
   10.7 REJECTION OF UNIT ................................................................................................... 28
   10.8 ACCEPTANCE OF UNIT ................................................................................................. 28
   10.9 PAYMENT OF SECURITY DEPOSIT ............................................................................. 29

Revised and Board Approved: 3/2013
16.3 DOCUMENTATION ............................................................................................................. 57
16.4 INCENTIVE TRANSFERS ................................................................................................. 58
16.5 PROCESSING TRANSFERS ............................................................................................ 58
16.6 COST OF THE FAMILY’S MOVE .................................................................................. 59
16.7 TENANTS IN GOOD STANDING ................................................................................... 60
16.8 TRANSFER REQUESTS .................................................................................................. 60
16.9 RIGHT OF THE SYRACUSE HOUSING AUTHORITY IN TRANSFER POLICY ............... 61

17.0 INSPECTIONS.................................................................................................................. 61

17.1 MOVE-IN INSPECTIONS .................................................................................................. 61
17.2 ANNUAL INSPECTIONS .................................................................................................. 61
17.3 PREVENTATIVE MAINTENANCE INSPECTIONS .......................................................... 61
17.4 SPECIAL INSPECTIONS ................................................................................................. 62
17.5 HOUSEKEEPING INSPECTIONS .................................................................................... 62
17.6 NOTICE OF INSPECTION .............................................................................................. 62
17.7 EMERGENCY INSPECTIONS ......................................................................................... 62
17.8 PRE-MOVE-OUT INSPECTIONS ..................................................................................... 62
17.9 MOVE-OUT INSPECTIONS ............................................................................................ 62

18.0 WEAPONS ....................................................................................................................... 63

19.0 REPAYMENT AGREEMENTS ........................................................................................ 63

20.0 TERMINATION ................................................................................................................ 63

20.1 TERMINATION BY TENANT ........................................................................................ 63
20.2 TERMINATION BY THE HOUSING AUTHORITY ......................................................... 64
20.3 RETURN OF SECURITY DEPOSIT ................................................................................ 65

21.0 INFORMAL HEARING AND FORMAL GRIEVANCE PROCEDURES FOR RESIDENTS ................................................................. 65

21.1 RIGHT TO A GRIEVANCE HEARING .......................................................................... 65
21.2 DEFINITIONS ................................................................................................................ 66
21.3 PROCEDURES PRIOR TO A HEARING ....................................................................... 67
21.4 PROCEDURES TO OBTAIN A HEARING .................................................................... 67
21.5 PROCEDURES GOVERNING THE HEARING ................................................................. 68
21.6 DECISION OF THE HEARING OFFICER .................................................................... 69

APPENDIX 1.0 PET POLICY .................................................................................................. 71

A1.1 INTRODUCTION ............................................................................................................. 71
A1.2 DEFINITIONS ................................................................................................................ 71
A1.3 GENERAL LEASES ....................................................................................................... 71
A1.4 REGISTRATION .............................................................................................................. 72
A1.5 OWNER STATEMENT .................................................................................................... 72
A1.6 LIABILITY INSURANCE .................................................................................................. 72
A1.7 PET SECURITY DEPOSIT ............................................................................................. 72
A1.8 FEES AND DEPOSITS NOT RENT .............................................................................. 73
A1.9 REFUSAL BY AUTHORITY ......................................................................................... 73

Revised and Board Approved: 3/2013
ADMISSIONS AND CONTINUED OCCUPANCY POLICY

This Admissions and Continued Occupancy Policy defines the Syracuse Housing Authority's policies for the operation of the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

1.0 FAIR HOUSING

It is the policy of the Syracuse Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, creed, national or ethnic origin, age, marital or familial status, handicap, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Syracuse Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Syracuse Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Syracuse Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Syracuse Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. The Syracuse Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

2.0 REASONABLE ACCOMMODATION

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Syracuse Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to
them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the Syracuse Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Syracuse Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

2.1 COMMUNICATION

Anyone requesting an application will also receive a Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

2.2 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION

A. Is the requestor a person with disabilities? For this purpose the definition of person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

   A person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

   If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Syracuse Housing Authority will require verification that the person is a person with a disability.

B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Syracuse Housing Authority will require documentation that the requested accommodation is needed due to the disability. The Syracuse Housing Authority will not inquire as to the nature of the disability.
C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:

1. Would the accommodation constitute a fundamental alteration? The Syracuse Housing Authority's business is housing. If the request would alter the fundamental business that the Syracuse Housing Authority conducts, that would not be reasonable. For instance, the Syracuse Housing Authority would deny a request to have the Syracuse Housing Authority do grocery shopping for a person with disabilities.

2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Syracuse Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.

D. Generally the individual knows best what it is they need; however, the Syracuse Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Syracuse Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Syracuse Housing Authority’s programs and services, the Syracuse Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Syracuse Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the Syracuse Housing Authority will seek to have the same entity pay for any restoration costs.

If the tenant requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the Syracuse Housing Authority will generally approve such request if it does not violate codes or affect the structural integrity of the unit, provided that the tenant agrees to restore the unit at the tenant’s expense.

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e. allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.
3.0 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND RESIDENTS

The Syracuse Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English in order to assist non-English speaking families. The following languages shall be covered:

Spanish

4.0 FAMILY OUTREACH

When the Housing Authority’s waiting list is open, the Syracuse Housing Authority will publicize the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach people who cannot or do not read the newspapers, the Syracuse Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Syracuse Housing Authority will also try to utilize public service announcements.

The Syracuse Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

5.0 RIGHT TO PRIVACY

All adult members of both applicant and tenant households are required to sign HUD Form 9886, Authorization for Release of Information and Privacy Act Notice. The Authorization for Release of Information authorizes HUD and the HA to request income information for the household from specific sources listed on the form.

The Privacy Act Notice states how family information will be released and includes the Federal Privacy Act Statement. Applicant or tenant information will not be released outside of HUD or the HA unless there is a signed release of information request from the applicant or tenant.

6.0 REQUIRED POSTINGS
In each of its offices, the Syracuse Housing Authority will post, in English and in Spanish, in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following information:

A. Statement of Policies and Procedures governing Admission and Continued Occupancy

B. Notice of the status of the waiting list (opened or closed)

C. A listing of all the developments by name, address, number of units, units designed with special accommodations, address of all project offices, office hours, telephone numbers, TDD numbers, and Resident Facilities and operation hours

D. Income Limits for Admission

E. Excess Utility Charges

F. Utility Allowance Schedule

G. Current Schedule of Routine Maintenance Charges

H. Dwelling Lease

I. Grievance Procedure

J. Fair Housing Poster

K. Equal Opportunity in Employment Poster

L. Any current Syracuse Housing Authority Notices

7.0 TAKING APPLICATIONS

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at:

Syracuse Housing Authority Main Office, 516 Burt Street, Syracuse, N.Y 13202
Any Project Office:
Applications are taken to compile a waiting list. Due to the demand for housing in the Syracuse Housing Authority’s jurisdiction, the Syracuse Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the Syracuse Housing Authority will verify the information.

Applications may be made in person or by mail. If in person, they may be made at the Syracuse Housing Authority Main Office located at 516 Burt Street, Syracuse, New York, on Monday through Friday from 8:30 AM to 4:30 PM (except for holidays). If by mail, they should be mailed to Syracuse Housing Authority, 516 Burt Street, Syracuse, New York 13202.

Applications will be mailed to interested families upon request.

The completed application will be dated and time stamped upon its return to the Syracuse Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the Syracuse Housing Authority to make special arrangements. A Telecommunication Device for the Deaf (TDD) service is available locally for the deaf.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family’s placement on the waiting list.

Upon receipt of the family's pre-application, the Syracuse Housing Authority will make a preliminary determination of eligibility. The Syracuse Housing Authority will notify the family in writing of placement on the waiting list, and the approximate wait before housing may be offered. If the Syracuse Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

The applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The Syracuse Housing Authority will annotate the applicant’s file and will update their place on the waiting list.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The Syracuse Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family’s final eligibility for admission into the Public Housing Program.
8.0 ELIGIBILITY FOR ADMISSION

8.1 INTRODUCTION

There are five eligibility requirements for admission to public housing: qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the Syracuse Housing Authority screening criteria in order to be admitted to public housing.

8.2 ELIGIBILITY CRITERIA

A. Family status.

1. A family with or without children. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.

a. Children temporarily absent from the home due to placement in foster care are considered family members.

b. Children will be considered family members and for the purpose of income limit if in full-time custody of the head of household. This applies to all households.

b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.

2. An elderly family, which is:

a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;

b. Two or more persons who are at least 62 years of age living together; or
c. One or more persons who are at least 62 years of age living with one or more live-in aides.

3. A **near-elderly family**, which is:
   a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
   b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
   c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.

4. A **disabled family**, which is:
   a. A family whose head, spouse, or sole member is a person with disabilities;
   b. Two or more persons with disabilities living together; or
   c. One or more persons with disabilities living with one or more live-in aides.

5. A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a tenant family**.

7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

8. Two or more persons who are not related, but who will live together in a stable relationship, sharing resources, and participating in an SHA supported residential program.

B. Income eligibility

1. To be eligible for admission to developments or scattered-site units that were available for occupancy before 10/1/81, the family's annual income
must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area.

2. To be eligible for admission to developments or scattered-site units that became available on or after 10/1/81, the family's annual income must be within the very low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 50 percent of the median income for the area.

3. Income limits apply only at admission and are not applicable for continued occupancy.

4. A family may not be admitted to the public housing program from another assisted housing program (e.g., tenant-based Section 8) or from a public housing program operated by another housing authority without meeting the income requirements of the Syracuse Housing Authority.

5. If the Syracuse Housing Authority acquires a property for federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.

6. Income limit restrictions do not apply to families transferring within our Public Housing Program.

C. Citizenship/Eligibility Status

1. To be eligible each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

2. Family eligibility for assistance.
   a. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.
   b. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 13.6 for calculating rents under the noncitizen rule)
c. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security number or certify that they do not have one.

E. Signing Consent Forms

1. In order to be eligible, each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

2. The consent form must contain, at a minimum, the following:

   a. A provision authorizing HUD or the Syracuse Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy; and

   b. A provision authorizing HUD or the Syracuse Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;

   c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits; and

   d. A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

8.3 SUITABILITY

A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with the public housing lease. The Syracuse Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on
the development environment, other tenants, Syracuse Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.

B. The Syracuse Housing Authority will consider objective and reasonable aspects of the family's background, including the following:

1. History of meeting financial obligations, especially rent;

2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;

3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;

4. History of disturbing neighbors or destruction of property;

5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and

6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The Syracuse Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Syracuse Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse and co-head;

2. A rental history check of all adult family members;

3. A criminal background check on all adult household members, including live-in aides. This check will be made through State or local law enforcement or court records. In those cases where the household member
has lived outside the local jurisdiction, the Syracuse Housing Authority may contact law enforcement agencies where the individual had lived. The Syracuse Housing Authority may also request a check through the FBI's National Crime Information Center (NCIC);

4. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and

5. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No individual registered with this program will be admitted to public housing.

8.4 GROUNDS FOR DENIAL

The Syracuse Housing Authority is not required or obligated to assist applicants who:

A. Do not meet any one or more of the eligibility criteria;

B. Do not supply information or documentation required by the application process;

C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;

D. Have a history of not meeting financial obligations, especially rent;

E. Have a history of living or housekeeping habits which do not maintain (with or without assistance) their housing in a decent and safe condition, where such habits could adversely affect the health, safety, or welfare of themselves, other tenants, or Syracuse Housing Authority staff;

F. Have a history of criminal or unlawful activity by any household member involving crimes or offenses of physical violence against persons or property and any other criminal or unlawful activity including drug-related criminal or unlawful activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;

Criminal or unlawful activity includes but is not limited to:

1. Crimes of violence against people (e.g., murder, battery, assault);
2. Crimes against property (e.g., burglary, larceny, robbery);

3. Crimes or offenses that impose a financial cost (e.g., vandalism, arson);

4. Crimes or offenses that involve disturbing the peace;

5. Other criminal or unlawful acts that affect the health, safety, or right of peaceful enjoyment of the premises by other residents;

6. Drug-related criminal activity involving personal use or possession for personal use of a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;

7. Drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell or distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C 802;

8. Drug-related criminal activity involving the illegal sale, distribution or possession with the intent to sell or distribute marijuana;

9. Drug-related offenses involving personal use or possession for personal use of marijuana.

G. Have a history of disturbing neighbors or destruction of property;

H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;

I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from, or any other fraud (such as DSS, SSI, etc.);

J. Were evicted from assisted housing within three years of the projected date of admission because of drug-related criminal activity involving the personal use or possession for personal use;

K. Were evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
L. Are illegally using a controlled substance or are abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The Syracuse Housing Authority may waive this requirement if:

1. The person demonstrates to the Syracuse Housing Authority’s satisfaction that the person is no longer engaging in illegal use of a controlled substance or abuse of alcohol;

2. Has successfully completed a supervised drug or alcohol rehabilitation program;

3. Has otherwise been rehabilitated successfully; or

4. Is participating in a supervised drug or alcohol rehabilitation program.

M. Have engaged in or threatened abusive or violent behavior towards any Syracuse Housing Authority staff or residents;

N. Have a household member who has ever been evicted from public housing;

O. Have a family household member who has been terminated under the certificate or voucher program;

P. Was a former SHA housing program participant who vacated the unit in violation of the lease or other program obligations. At the SHA discretion, the applicant may be declared eligible if the lease violation is corrected, with the date and time of the application being the time of the correction of the lease violation;

Q. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development or in a Section 8 assisted property;

R. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

### 8.5 TIME FRAMES FOR DENIAL

As a general rule, applicants may be denied admission to housing for the following time frames (all time frames are calculated from the date of conviction, where applicable):
A. Denied admission for six (6) months if any of the following occurred during the six (6) month period prior to beginning the full application process, or during the application process:

1. Did not provide information required within the time frame specified during the application process which the SHA determines was under the control of the applicant.

2. Has a history of not meeting financial obligations, especially rent.

3. Has a record of disturbance of neighbors, destruction of property, or living or housekeeping habits which may adversely affect the health, safety or welfare of the other residents or staff.

4. During any meeting with SHA staff engages in or threatens abusive or violent behavior towards any Syracuse Housing Authority staff or residents.

B. Denied admission for a minimum of three (3) years and the completion of a court-ordered or voluntary rehabilitation program as evidenced by proper certification and six (6) months of unsupervised living without a repeat incident:

1. Persons evicted from public housing because of drug-related criminal activity for personal use or possession for personal use from the date of such eviction.

2. Persons applying for public housing who have been involved in drug-related criminal activity for personal use or possession for personal use from the date of such activity.

C. Denied admission for five (5) years:

1. Intentionally misrepresented income, family composition or any other information affecting eligibility. All application requirements, including verifications, must be completed properly. In the event that the misrepresentation is discovered after admission, the lease will be terminated for such misrepresentation.
D. Denied admission for a minimum of five (5) years and the completion of sentence for any conviction, parole, probation served as a result of the crime or offense, and six (6) months of unsupervised living without repeat incident:

1. Persons evicted from public housing because of drug-related criminal activity for the illegal manufacture, sale, distribution or possession with the intent to manufacture, sell or distribute.

2. Has a history of criminal or unlawful activity involving crimes against property, crimes or offenses that impose a financial cost, crimes or offenses that involve disturbing the peace, and/or other criminal acts or unlawful activities that affect the health, safety or right of peaceful enjoyment of the premises by other residents.

3. Persons applying for public housing who have been convicted or have a history of drug-related criminal activity for the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, or distribute.

E. Denied admission for a minimum of ten (10) years and the completion of sentence for any conviction, parole, probation and six (6) months of unsupervised living without repeat incident.

(1) Convicted of acts that would constitute fraud in connection with any SHA housing program or any other fraud.

(2) Has a history of criminal activity involving crimes of violence against people (e.g., murder, battery, assault).

8.6 INFORMAL REVIEW/ADMINISTRATIVE REVIEW

A. If the Syracuse Housing Authority determines that an applicant does not meet the criteria for receiving public housing assistance, the Syracuse Housing Authority will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision and state that the applicant may request an informal review of the decision within 14 calendar days of the denial. The Syracuse Housing Authority will describe how to obtain the informal review, including adequate notice regarding the right to representation throughout the review process.

The informal review may be conducted by any person designated by the Syracuse Housing Authority, other than a person who made or approved the decision under review or subordinate of this person. The applicant must be given the opportunity
to present written objections to the Syracuse Housing Authority's decision. The Syracuse Housing Authority must notify the applicant of the final decision within 14 calendar days after the informal review, including a brief statement of the reasons for the final decision.

B. A participant family may request that the Syracuse Housing Authority provide for an Informal Review after the family has notification of an INS decision on their citizenship status on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Review Process above will be utilized with the exception that the participant family will have up to 30 days after receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision, to make their request.

9.0 MANAGING THE WAITING LIST

9.1 OPENING AND CLOSING THE WAITING LIST

Opening of the waiting list will be announced with a public notice stating that applications for public housing will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program and such applicants will not lose their place on other waiting lists when they apply for public housing. The notice will include the Fair Housing logo and slogan and will be in compliance with Fair Housing requirements.

Closing of the waiting list will also be announced with a public notice. The public notice will state the date the waiting list will be closed and for what bedroom sizes. The public notice will be published in a local newspaper of general circulation and also by any available minority media.

9.2 ORGANIZATION OF THE WAITING LIST

The waiting list will be maintained in accordance with the following guidelines:

A. The application will be a permanent file;
B. All applications will be maintained in order of bedroom size, preference, and then in order of date and time of application; and

C. Any contacts between the Syracuse Housing Authority and the applicant will be documented in the applicant file.

9.3 **FAMILIES NEARING THE TOP OF THE WAITING LIST**

When a family appears to be within three (3) months of being offered a unit, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family’s name will be returned to the appropriate spot on the waiting list. The Syracuse Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

9.4 **PURGING THE WAITING LIST**

The Syracuse Housing Authority will update and purge its waiting list when necessary to ensure that the pool of applicants reasonably represents the interested families for whom the Syracuse Housing Authority has current information, i.e. applicant's address, family composition, income category, and preferences.

9.5 **REMOVAL OF APPLICANTS FROM THE WAITING LIST**

The Syracuse Housing Authority will remove an applicant’s name from the waiting list when:

A. The applicant requests in writing that the name be removed;

B. The applicant fails to respond in a reasonable or, if applicable, the specified time frame, to a written request for information or a request to declare their continued interest in the program; or

C. The applicant does not meet either the eligibility or suitability criteria for the program.
9.6 MISSED APPOINTMENTS

All applicants who fail to keep any scheduled appointment with the Syracuse Housing Authority will be sent a notice of termination of the process for eligibility. If the family does not appear or call to reschedule the appointment(s) required within seven (7) calendar days of notification by SHA via mail or telephone, the Syracuse Housing Authority will terminate the processing of the application, and the application will not be returned to the waiting list.

Upon request by the applicant, the Syracuse Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Syracuse Housing Authority will work closely with the family to find a more suitable time. If the applicant has missed three (3) scheduled appointments, the Syracuse Housing Authority will terminate the processing of the application, and the application will not be returned to the waiting list. Applicants will be offered the right to an informal review before being removed from the waiting list.

9.7 NOTIFICATION OF NEGATIVE ACTIONS

Any applicant whose name is being removed from the waiting list will be notified by the Syracuse Housing Authority, in writing, that they have ten (10) calendar days from the date of the written correspondence to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Syracuse Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Syracuse Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

9.8 LETTERS MAILED TO APPLICANTS BY THE SYRACUSE HOUSING AUTHORITY

If an applicant claims they did not receive a letter mailed by the Syracuse Housing Authority that requested the applicant to provide information or to attend an appointment, the Syracuse Housing Authority will determine whether the letter was returned to the Syracuse Housing Authority. If the letter was not returned to the Syracuse Housing Authority, the applicant will be assumed to have received the letter.
10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Syracuse Housing Authority will select families based on the following preferences within each bedroom size category:

A. All applicants who are homeless because their unit has been rendered uninhabitable by a fire or other natural disaster within the 30-day period immediately prior to application, and the municipality has ordered the unit to be vacated.

B. Families who are homeless or about to become homeless because:
   1. Their unit has been condemned by no action of their own, and the municipality has ordered the unit to be vacated.
   2. Government action has forced the relocation.

C. Victim of Domestic Violence.

D. Lead Paint risk in child under 6 years old with an elevated blood count according to Onondaga County standards.

E. Applicants who are part of a services program in partnership with the Syracuse Housing Authority.

F. Applicants who work, or who have been hired to work, in the jurisdiction of the Syracuse Housing Authority.

G. Applicants who live in the jurisdiction of the Syracuse Housing Authority.

H. Applicants who live outside the jurisdiction of the Syracuse Housing Authority.

I. After all of the above categories are housed, others on the waiting list will be housed.

Based on the above preferences, all families in preference A, B, C, and D will be offered housing before any families in preference E, and preference E families will be offered housing before any families in preference F.
The date and time of application will be noted and utilized to determine the sequence within the above-prescribed preferences.

**Accessible Units:** Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

### 10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family’s unit size without overcrowding or over-housing:

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Syracuse Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school, or children who are temporarily in foster-care.

In addition, the following considerations may be taken in determining bedroom size:

A. Children of the same sex will share a bedroom.
B. Children of the opposite sex, both under the age of five (5), may share a bedroom, but will not be required to.

C. Adults and children will not be required to share a bedroom.

D. Foster – adults and/or foster - children will not be required to share a bedroom with family members.

E. Live-in aides will get a separate bedroom.

Exceptions to normal bedroom size standards include the following:

A. Units smaller than assigned through the above guidelines – A family may request a smaller unit size than the guidelines allow. The Syracuse Housing Authority will allow the smaller size unit so long as generally no more than two (2) people per bedroom are assigned. In such situations, the family will sign a certification stating they understand they will be ineligible for a larger size unit unless the family size and/or composition changes.

B. Units larger than assigned through the above guidelines – A family may request a larger unit size than the guidelines allow. The Syracuse Housing Authority will allow the larger size unit if the family provides documentation of a verified medical need for the family to be housed in a larger unit.

C. If there are no families on the waiting list for a larger size, smaller families may be housed if they sign a release form stating they will transfer (at the family’s own expense) to the appropriate size unit when an eligible family needing the larger unit applies. The family transferring will be given a 30-day notice before being required to move. Families qualifying for a smaller size unit will not be required to accept the offer of a larger size unit, but instead may choose to remain on the waiting list until a unit of the appropriate size is available.

D. Larger units may be offered in order to improve the marketing of a development suffering a high vacancy rate.

10.3 SELECTION FROM THE WAITING LIST

The Syracuse Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To insure this requirement is met SHA shall quarterly monitor the incomes of newly admitted families and the incomes of the families

Revised and Board Approved: 3/2013
on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, SHA will skip higher income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list SHA will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

10.4 DECONCENTRATION POLICY

It is Syracuse Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, SHA will skip families on the waiting list to reach other families with a lower or higher income. SHA will accomplish this in a uniform and non-discriminating manner.

The Syracuse Housing Authority will affirmatively market its housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, SHA will analyze the income levels of families residing in each of its developments, the income levels of census tracts in which SHA developments are located, and the income levels of the families on the waiting list. Based on this analysis, SHA will determine the level of marketing strategies and deconcentration incentives to implement.

10.5 DECONCENTRATION INCENTIVES

The Syracuse Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

10.6 OFFER OF A UNIT

When the Syracuse Housing Authority discovers that a unit will become available, staff will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.
The Syracuse Housing Authority will contact the family by first class mail to make the unit offer. The family will be given seven (7) calendar days from the date the letter was mailed to contact the Syracuse Housing Authority regarding the offer. In order to expedite the process, the SHA will sometimes make the first contact by telephone, so that a determination of interest in the unit may be made more quickly. When a unit is rejected on the basis of a phone contact with the family, such rejection will be documented in the applicant file.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family’s decision must be documented in the tenant file. If the family rejects the offer of the unit, the Syracuse Housing Authority will send the family a letter documenting the offer and the rejection.

### 10.7 REJECTION OF UNIT

If in making the offer to the family the Syracuse Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Syracuse Housing Authority did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will forfeit their application’s date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected. Upon the third rejection of the offer of a unit, a family’s application will be removed from the waiting list, and they must re-apply if they wish to remain on the waiting list.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). If the applicant is willing to accept an offered unit but is unable to move at the time of the offer and they can show clear evidence of their inability to move, they will not lose their place on the waiting list.

The family will be offered the right to an informal review of any decision to alter their application status.

### 10.8 ACCEPTANCE OF UNIT
When a family agrees to accept a unit, the Syracuse Housing Authority will determine final eligibility for admission into the public housing program by verifying suitability, as outlined in Section 8.3. Once suitability has been verified, the family will be required to attend a briefing. The head of household and other adult family members will meet with a SHA staff member, who will perform the final rent calculation, review the lease and the rules and regulations, and execute the lease with the family. All adult family members must sign the lease.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the tenant’s file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the Syracuse Housing Authority will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident’s copy of the lease.

**10.9 PAYMENT OF SECURITY DEPOSIT**

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to whichever of the following applies:

A. Elderly/Disabled Housing — $100

B. All Others (Family Housing) — $100

The security deposit must be paid in full with the first month’s rent prior to taking possession of the unit. The security deposit will be held by the SHA in escrow (interest bearing) accounts. Interest on the security deposit will be refunded annually minus 1% to cover administrative costs. Any charges to the resident for any rent owed, damages to the apartment, services for extra maintenance, or any other obligation to the Syracuse Housing Authority will be deducted from the security deposit upon the resident’s move out. The resident will be given a detailed statement of these charges. The remaining balance of the security deposit will be returned to the Resident at the end of the lease or within a reasonable time thereafter.
In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

11.0 INCOME, EXCLUSIONS FROM INCOME, AND DEDUCTIONS FROM INCOME

To determine annual income, the Syracuse Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the Syracuse Housing Authority subtracts all allowable deductions (allowances) to determine the Total Tenant Payment.

11.1 INCOME

Annual income means all amounts, monetary or not, that:

A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or

B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

C. Are not specifically excluded from annual income.

Annual income includes, but is not limited to:

A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.

B. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any
withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is a reimbursement of cash or assets invested in the operation by the family.

C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

D. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)

E. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)

F. Welfare assistance.

1. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:

   a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

   b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying
a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.

2. If the amount of welfare is reduced due to an act of fraud by a family member or because of any family member's failure to comply with requirements to participate in an economic self-sufficiency program or work activity, the amount of rent required to be paid by the family will not be decreased. In such cases, the amount of income attributable to the family will include what the family would have received had they complied with the welfare requirements and/or had not committed an act of fraud.

3. If the amount of welfare assistance is reduced as a result of a lifetime time limit, the reduced amount is the amount that shall be counted as income.

G. Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.

H. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

### 11.2 ANNUAL INCOME

Annual income does not include the following:

A. Income from employment of children (including foster children) under the age of 18 years;

B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);

C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;

D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;

E. Income of a live-in aide;

F. The full amount of student financial assistance paid directly to the student or to the educational institution;
G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

H. The amounts received from the following programs:

1. Amounts received under training programs funded by HUD;

2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;

4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;

5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;

6. Temporary, nonrecurring or sporadic income (including gifts);

7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

8. Earnings in excess of $480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of $480 per adopted child;

10. For family members who enrolled in certain training programs prior to 10/1/99, the earnings and benefits resulting from the participation if the program provides employment training and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act (42 U.S.C. 1437t), or any comparable Federal, State, or local law during the exclusion period. For purposes of this exclusion the following definitions apply:

a. Comparable Federal, State or local law means a program providing employment training and supportive services that:
   i. Is authorized by a Federal, State or local law;
   ii. Is funded by the Federal, State or local government;
   iii. Is operated or administered by a public agency; and
   iv. Has as its objective to assist participants in acquiring employment skills.

b. Exclusion period means the period during which the family member participates in a program described in this section, plus 18 months from the date the family member begins the first job acquired by the family member after completion of such program that is not funded by public housing assistance under the 1937 Act. If the family member is terminated from employment with good cause, the exclusion period shall end.

c. Earnings and benefits means the incremental earnings and benefits resulting from a qualifying employment training program or subsequent job.

11. The incremental earnings due to employment during the 12-month period following date of hire shall be excluded. This exclusion (paragraph 11) will not apply for any family who concurrently is eligible for exclusion #10. Additionally, this exclusion is only available to the following families:

a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.

b. Families whose income increases during the participation of a
family member in any family self-sufficiency program.

The Syracuse Housing Authority has opted to open an escrow account for families in this category, following HUD Family Self-Sufficiency guidelines, in lieu of having a portion of their income excluded.

c. Families who are or were, within 6 months, assisted under a State TANF program.

12. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;

13. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

14. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

15. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:

a. The value of the allotment of food stamps

b. Payments to volunteers under the Domestic Volunteer Services Act of 1973

c. Payments received under the Alaska Native Claims Settlement Act

d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes

e. Payments made under HHS's Low-Income Energy Assistance Program

f. Payments received under the Job Training Partnership Act
g. Income from the disposition of funds of the Grand River Band of Ottawa Indians

h. The first $2000 per capita received from judgment funds awarded for certain Indian claims

i. Amount of scholarships awarded under Title IV including Work Study

j. Payments received under the Older Americans Act of 1965

k. Payments from Agent Orange Settlement

l. Payments received under the Maine Indian Claims Act

m. The value of child care under the Child Care and Development Block Grant Act of 1990

n. Earned income tax credit refund payments

o. Payments for living expenses under the Americorps Program

p. Additional income exclusions provided by and funded by the Syracuse Housing Authority

The Syracuse Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

11.3 DEDUCTIONS FROM ANNUAL INCOME

The following deductions will be made from annual income:

A. $480 for each dependent;

B. $400 for any elderly family or disabled family;

C. For any family that is not an elderly or disabled family but has a member (other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.

D. For any elderly or disabled family:
1. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;

2. That has disability expenses greater than or equal to 3% of annual income, an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;

3. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.

E. Child care expenses.

A deduction will be allowed for child care expenses where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education, and only to the extent such amounts are not reimbursed. The amount deducted will reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted will not exceed the amount of employment income that is included in annual income. The child(ren) for whom a child care deduction is claimed must be twelve years of age or younger.

12.0 VERIFICATION

The Syracuse Housing Authority will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations; full time student status of family members 18 years of age and older; Social Security numbers; and citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

12.1 ACCEPTABLE METHODS OF VERIFICATION

12.1.1 For the period of March 1, 2013 through March 31, 2014, in accordance with HUD Notice PIH 2013-03 (HA) the following

Revised and Board Approved: 3/2013
temporary provisions will be in effect:

a) Households will be able to self-certify as to having assets of less than $5,000. SHA will accept a family’s declaration of the amount of assets of less than $5,000, and the amount of income expected to be received from those assets. Reexamination documentation, which is signed by all adult family members, will serve as the declaration.

b) Elderly families/households and disabled families/households whose income consists 100% of fixed income will have a streamlined recertification process. SHA will recalculate the income by applying published cost of living adjustments to the previously verified income amount. This limits the need for income verification. For this purpose, ‘fixed income’ is defined as Social Security, SSI, SSDI, any pension plans, and other periodic payments from annuities, insurance policies, retirement funds, disability or death benefits, or other similar periodic dispersals.

For other verifications:

Age, identity, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. Verification of these items will include photocopies of the Social Security cards, picture ID (driver’s license), and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Syracuse Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name and date of contact, amount received, etc.

When third party verification cannot be obtained, the Syracuse Housing Authority will accept documentation received from the applicant/tenant. Hand-carried documentation will be accepted if the Syracuse Housing Authority has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.
When neither third party verification nor hand-carried verification can be obtained, the Syracuse Housing Authority will accept a statement signed by the head, spouse or co-head. The statement must be notarized if not signed in the presence of a SHA staff member. Such documents will be maintained in the file.

### 12.2 **TYPES OF VERIFICATION**

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the Syracuse Housing Authority will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

<table>
<thead>
<tr>
<th>Verification Requirements for Individual Items</th>
<th>3rd party verification</th>
<th>Hand-carried verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Eligibility Items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Letter from Social Security, electronic reports</td>
<td>Social Security card</td>
</tr>
<tr>
<td>Citizenship</td>
<td>N/A</td>
<td>Signed certification, voter's registration card, birth certificate, etc.</td>
</tr>
<tr>
<td>Eligible immigration status</td>
<td>INS SAVE confirmation #</td>
<td>INS card</td>
</tr>
<tr>
<td>Disability</td>
<td>Letter from medical professional, SSI, etc</td>
<td>Proof of SSI or Social Security disability payments</td>
</tr>
<tr>
<td>Full time student status (if &gt;18)</td>
<td>Letter from school</td>
<td>For high school students, any document evidencing enrollment</td>
</tr>
<tr>
<td>Need for a live-in aide</td>
<td>Letter from doctor or other professional knowledgeable of condition</td>
<td>N/A</td>
</tr>
<tr>
<td>Child care costs</td>
<td>Letter from care provider</td>
<td>Bills and receipts</td>
</tr>
<tr>
<td>Disability assistance expenses</td>
<td>Letters from suppliers, care givers, etc.</td>
<td>Bills and records of payment</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>Letters from providers, prescription record from pharmacy,</td>
<td>Bills, receipts, records of payment, dates of trips,</td>
</tr>
</tbody>
</table>

Revised and Board Approved: 3/2013
<table>
<thead>
<tr>
<th>Verification Requirements for Individual Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item to Be Verified</strong></td>
</tr>
<tr>
<td>Item to Be Verified</td>
</tr>
<tr>
<td>Medical professional's letter stating assistance or a companion animal is needed</td>
</tr>
<tr>
<td>Mileage log, receipts for fares and tolls</td>
</tr>
</tbody>
</table>

Value of and Income from Assets

| Savings, checking accounts | Letter from institution | Passbook, most current statements |
| CD’s, bonds, etc | Letter from institution | Tax return, information brochure from institution, the CD, the bond |
| Stocks | Letter from broker or holding company | Stock or most current statement, price in newspaper or through Internet |
| Real property | Letter from tax office, assessment, etc. | Property tax statement (for current value), assessment, records or income and expenses, tax return |
| Personal property | Assessment, bluebook, etc | Receipt for purchase, other evidence of worth |
| Cash value of life insurance policies | Letter from insurance company | Current statement |
| Assets disposed of for less than fair market value | N/A | Original receipt and receipt at disposition, other evidence of worth |

Income

<p>| Earned income | Letter from employer | Multiple pay stubs |
| Self-employed | N/A | Tax return from prior year, books of accounts |
| Regular gifts and contributions | Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, | Bank deposits, other similar evidence |</p>
<table>
<thead>
<tr>
<th>Item to Be Verified</th>
<th>3rd party verification</th>
<th>Hand-carryed verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>the day care provider could so state)</td>
<td>Record of deposits, divorce decree</td>
</tr>
<tr>
<td>Alimony/child support</td>
<td>Court order, letter from source, letter from Human Services</td>
<td></td>
</tr>
<tr>
<td>Periodic payments (i.e., social security, welfare, pensions, workers compensation, unemployment)</td>
<td>Letter or electronic reports from the source</td>
<td>Award letter, letter announcing change in amount of future payments</td>
</tr>
<tr>
<td>Training program participation</td>
<td>Letter from program provider indicating - whether enrolled or completed - whether training is HUD-funded - whether Federal, State, local govt., or local program - whether it is employment training - whether it has clearly defined goals and objectives - whether program has supportive services - whether payments are for out-of-pocket expenses incurred in order to participate in a program - date of first job after program completion</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**12.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS**

The citizenship/eligible noncitizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. They will be required to show proof of their status by such means as a Social Security card, birth certificate, military ID, or military DD 214 Form.

Prior to being admitted or at the first reexamination, all eligible noncitizens who are 62
years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible noncitizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The Syracuse Housing Authority will make a copy of the individual's INS documentation and place the copy in the file. The Syracuse Housing Authority will also verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the Syracuse Housing Authority will mail information to the INS in order that a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals, or eligible noncitizens must be listed on a statement of noneligible members and the list must be signed by the head of the household.

Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to public housing.

Any family member who does not choose to declare their status must be listed on the statement of noneligible members.

If no family member is determined to be eligible under this section, the family's eligibility will be denied.

The family's assistance will not be denied, delayed, reduced, or terminated because of a delay in the process of determining eligible status under this section, except to the extent that the delay is caused by the family.

If the Syracuse Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their public housing unit, the family will be evicted. Such family will not be eligible to be readmitted to public housing for a period of 24 months from the date of eviction or termination.

12.4 VERIFICATION OF SOCIAL SECURITY NUMBERS

Prior to admission, each family member who has a Social Security number and who is at least 6 years of age must provide verification of their Social Security number. New family members at least 6 years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security number is the original Social Security card. If
the card is not available, the Syracuse Housing Authority will accept letters from the Social Security Agency that establishes and states the number. Documentation from other governmental agencies will also be accepted that establishes and states the number. Driver's licenses, military IDs, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security number, they will be required to sign a statement to this effect. The Syracuse Housing Authority will not require any individual who does not have a Social Security number to obtain a Social Security number.

If a member of an applicant family indicates they have a Social Security number, but cannot readily verify it, the family cannot be housed until verification is provided.

If a member of a tenant family indicates they have a Social Security number, but cannot readily verify it, they shall be asked to certify to this fact and shall have up to sixty (60) days to provide the verification. If the individual is at least 62 years of age, they will be given one hundred and twenty (120) days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be evicted.

12.5 TIMING OF VERIFICATION

Verification information must be dated within ninety (90) days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update all information related to family circumstances and level of assistance. (Or, the Housing Authority will only verify and update those elements reported to have changed.)

12.6 FREQUENCY OF OBTAINING VERIFICATION

For each family member, citizenship/eligible noncitizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their citizenship/eligible noncitizen status will be verified.

For each family member age 6 and above, verification of Social Security number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security number at admission receives a Social Security number, that number will be verified at the next regular reexamination.
Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

13.0 DETERMINATION OF TOTAL TENANT PAYMENT AND TENANT RENT

13.1 FAMILY CHOICE

At admission and each year in preparation for their annual reexamination, each family is given the choice of having their rent determined under the formula method or having their rent set at the flat rent amount.

A. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they would otherwise undergo.

B. Families who opt for the flat rent may request to have a reexamination and return to the formula based method at any time for any of the following reasons:

1. The family's income has decreased.

2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.

3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

13.2 THE FORMULA METHOD

The total tenant payment is equal to the highest of:

A. 10% of monthly income;

B. 30% of adjusted monthly income; or

C. The welfare rent.

The family will pay the greater of the total tenant payment or the minimum rent of $50.00, but never more than the ceiling rent.

In the case of a family who has qualified for the income exclusion at Section 11.2(H)(11),
upon the expiration of the 12-month period described in that section, an additional rent benefit accrues to the family. If the family member’s employment continues, then for the 12-month period following the 12-month period of disallowance, the resulting rent increase will be capped at 50 percent of the rent increase the family would have otherwise received.

13.3  **MINIMUM RENT**

The Syracuse Housing Authority has set the minimum rent at $50.00. However if the family requests a hardship exemption, the Syracuse Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program;

2. When the family would be evicted as a result of the imposition of the minimum rent requirement;

3. When the income of the family has decreased because of changed circumstances, including loss of employment;

4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;

5. When a death has occurred in the family.

B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family’s request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will
not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.

D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

E. Appeals. The family may use the grievance procedure to appeal the Housing Authority’s determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

13.4 THE FLAT RENT

The Syracuse Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its condition, amenities, services, and neighborhood. The Syracuse Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family (for more information on flat rents, see Section 15.3).

The Syracuse Housing Authority will post the flat rents at each of the developments and at the central office. The flat rents are incorporated in this policy upon approval by the Board of Commissioners.

13.5 CEILING RENT

The Syracuse Housing Authority has set a ceiling rent for each public housing unit. The amount of the ceiling rent will be reevaluated annually and any adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The Syracuse Housing Authority will post the ceiling rents at each of the developments and at the central office. The ceiling rents are incorporated in this policy upon approval by the Board of Commissioners.

13.6 RENT FOR FAMILIES UNDER THE NONCITIZEN RULE

A mixed family will receive full continuation of assistance if all of the following conditions are met:

A. The family was receiving assistance on June 19, 1995;
B. The family was granted continuation of assistance before November 29, 1996;

C. The family's head or spouse has eligible immigration status; and

D. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision, the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three (3) years. If granted after that date, the maximum period of time for assistance under the provision is eighteen (18) months. The Syracuse Housing Authority will grant each family a period of six (6) months to find suitable affordable housing. If the family cannot find suitable affordable housing, the Syracuse Housing Authority will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

A. Determine the 95th percentile of gross rents (tenant rent plus utility allowance) for the Syracuse Housing Authority. The 95th percentile is called the maximum rent.

B. Subtract the family's total tenant payment from the maximum rent. The resulting number is called the maximum subsidy.

C. Divide the maximum subsidy by the number of family members and multiply the result times the number of eligible family members. This yields the prorated subsidy.

D. Subtract the prorated subsidy from the maximum rent to find the prorated total tenant payment. From this amount subtract the full utility allowance to obtain the prorated tenant rent.

13.7 **UTILITY ALLOWANCE**

The Syracuse Housing Authority shall establish a utility allowance for all check-metered
utilities and for all tenant-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful environment. In setting the allowance, the Syracuse Housing Authority will review the actual consumption of tenant families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rates change by 10% or more since the last revision to the allowances.

The utility allowance will be subtracted from the family's formula or flat rent to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the Syracuse Housing Authority. The family must pay the actual cost of all utilities for which they are responsible under the lease, regardless of whether the actual cost is higher or lower than the utility allowance used.

Utility allowance revisions shall become effective at each family's next annual reexamination.

Families with high utility costs are encouraged to contact National Grid for an energy analysis. The analysis may identify problems with the dwelling unit that once corrected will reduce energy costs. The analysis can also assist the family in identifying ways they can reduce their costs.

13.8 PAYING RENT

Rent and other charges are due and payable on the first day of the month. All rents should be paid at either the Syracuse Housing Authority Main Office, 516 Burt Street, or checks and money orders may be dropped off in the development drop box, or mailed to Syracuse Housing Authority, 516 Burt Street, Syracuse, New York 13202. Rent payment will not be accepted outside of regular business hours, or at other locations, off Syracuse Housing Authority property. Reasonable accommodations for this requirement will be made for persons with disabilities. No SHA staff member shall accept a resident’s rent payment unless the staff member is authorized to collect rent. As a safety measure, no cash shall be accepted as a rent payment in lock boxes or by mail. Rent should be paid by personal check, cashier’s check or money order.

If the rent is not paid by the fifteenth of the month, a Notice to Vacate will be issued to the tenant. The tenant will be charged for the personal service of this notice, according to the schedule of Tenant Charges.
If rent is paid by a personal check and the check is returned for insufficient funds, this shall be considered a non-payment of rent. The resident will be charged for processing charges, according to the schedule of Tenant Charges. Any resident who has a second check returned for insufficient funds will no longer be allowed to pay rent by personal check.

14.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE

14.1 GENERAL

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement.

14.2 EXEMPTIONS

The following adult family members of tenant families are exempt from this requirement.

A. Family members who are 62 or older
B. Family members who are blind or disabled
C. Family members who are the primary care giver for someone who is blind or disabled
D. Family members engaged in work activity
E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

14.3 NOTIFICATION OF THE REQUIREMENT

Revised and Board Approved: 3/2013
14.4 VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Syracuse Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Syracuse Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

14.5 THE PROCESS

At the first annual reexamination on or after October 1, 1999, and each annual reexamination thereafter, the Syracuse Housing Authority will do the following:

A. Provide a list of volunteer opportunities to the family members.
B. Provide information about obtaining suitable volunteer positions.

C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.

E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Syracuse Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Syracuse Housing Authority will notify any family found to be in noncompliance of the following:

A. The family member(s) has been determined to be in noncompliance;

B. That the determination is subject to the grievance procedure; and

C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

14.7 OPPORTUNITY FOR CURE

The Syracuse Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.
If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Syracuse Housing Authority shall take action to terminate the lease.

15.0 RECERTIFICATIONS

At least annually, the Syracuse Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size.

15.1 GENERAL

The Syracuse Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination, giving them the option of selecting either the flat rent or formula method, and scheduling an appointment if they are currently paying a formula rent. If the family thinks they may want to switch from a flat rent to a formula rent, they should request an appointment. At the appointment, the family can make their final decision regarding which rent method they will choose. The letter also includes, for those families paying the formula method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the appointment, the Syracuse Housing Authority will determine whether family composition may require a transfer to a different size unit (by number of bedrooms), and if so, the family's name will be placed on the transfer list.

15.2 MISSED APPOINTMENTS

If the family fails to respond to the letter and fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the Syracuse Housing Authority taking eviction actions against the family.

15.3 FLAT RENTS

The annual letter to flat rent payers regarding the reexamination process will state the following:
A. Each year at the time of the annual reexamination, the family has the option of selecting a flat rent amount in lieu of completing the reexamination process and having their rent based on the formula amount.

B. The amount of the flat rent

C. A fact sheet about formula rents that explains the types of income counted, the most common types of income excluded, and the categories of allowances that can be deducted from income.

D. Families who opt for the flat rent will be required to go through the income reexamination process every three years, rather than the annual review they otherwise would undergo.

E. Families who opt for the flat rent may request to have a reexamination and return to the formula-based method at any time for any of the following reasons:

1. The family's income has decreased.

2. The family's circumstances have changed increasing their expenses for child care, medical care, etc.

3. Other circumstances creating a hardship on the family such that the formula method would be more financially feasible for the family.

F. The dates upon which the Syracuse Housing Authority expects to review the amount of the flat rent, the approximate rent increase the family could expect, and the approximate date upon which a future rent increase could become effective.

G. The name and phone number of an individual to call to get additional information or counseling concerning flat rents.

H. A certification for the family to sign accepting or declining the flat rent.

Each year prior to their anniversary date, Syracuse Housing Authority will send a reexamination letter to the family offering the choice between a flat or a formula rent. The opportunity to select the flat rent is available only at this time. At the appointment, the Syracuse Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the Syracuse Housing Authority representative, they may make the selection on the form and return the form to the Syracuse Housing Authority. In such case, the Syracuse Housing Authority will cancel the appointment.

Revised and Board Approved: 3/2013
15.4 **THE FORMULA METHOD**

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the Syracuse Housing Authority will determine the family's annual income and will calculate their rent as follows.

The total tenant payment is equal to the highest of:

A. 10% of monthly income;

B. 30% of adjusted monthly income; or

C. The welfare rent.

The family will pay the greater of the total tenant payment or the minimum rent of $50.00, but never more than the ceiling rent.

15.5 **EFFECTIVE DATE OF RENT CHANGES FOR ANNUAL REEXAMINATIONS**

The new rent will generally be effective upon the anniversary date with thirty (30) days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30-day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.

If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

15.6 **INTERIM REEXAMINATIONS**

Rent as set at admission or Annual Re-examination will remain in effect for the period between regular rent determinations unless changes in family circumstances occur. The Resident is required and agrees to report the following specified changes in family income and composition within fourteen (14) calendar days of occurrence. If the family’s rent is being determined under the formula method, these changes may trigger
an interim reexamination. The resident is required to schedule an appointment as soon as possible with the Occupancy Staff to sign all paperwork regarding these changes.

A. Loss or addition to family composition of any kind through birth, death, marriage, divorce, removal or other continuing circumstance and the amount, if any, of such family member's income. Any such additions, other than birth, must be approved by the Syracuse Housing Authority in advance, and must qualify, the same as an applicant or any prospective new Resident.

In order to add a household member other than through birth or adoption (including a live-in aide), the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security number if they have one and must verify their citizenship/eligible immigrant status. (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family.) The new family member will go through the screening process similar to the process for applicants. The Syracuse Housing Authority will determine the suitability of the individual before adding them to the lease. If the individual does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they do pass the screening criteria, their name will be added to the lease. At the same time, if the family’s rent is being determined under the formula method, the family's annual income will be recalculated taking into account the circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph 15.8 below.

B. Employment, unemployment or changes in employment of a permanent nature of the family head, spouse, or other wage earner eighteen (18) years of age or older.

C. The starting of or stopping of, or an increase or decrease of any benefits or payments received by any member of the family or household from Social Security, Social Security Supplemental Income, Social Security Disability, State Supplemental Income, State Disability Income, Temporary Aid To Needy Families, Black Lung, Railroad Retirement, Private Pension Fund, Disability Compensation, Veterans Administration, Child Support, Alimony, Regular Contributions or Gifts. Lump sum payments or retroactive payments of benefits from any of the above sources (except Social Security benefits and Supplemental Security Income) which constitute the sum of monthly payments for a preceding period paid in a lump sum must be reported and rent adjusted retroactively on such income to date of eligibility for any family member residing in the household for that period of time.
D. Errors of omission made at admission or re-examination will be corrected by the Syracuse Housing Authority. Retroactive payments will be made to the Syracuse Housing Authority if the error is in the Syracuse Housing Authority's favor.

E. A Resident who has had an income reduction/increase after initial occupancy or after annual re-examination must report all changes in income within fourteen (14) calendar days regardless of the amount or source. No rent change will occur unless the increase exceeds $2,400.00 annually ($200.00 monthly). All reductions will be implemented.

15.7 SPECIAL REEXAMINATIONS

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the Syracuse Housing Authority may schedule special reexaminations every sixty (60) days until the income stabilizes and an annual income can be determined.

15.8 EFFECTIVE DATE OF RENT CHANGES DUE TO INTERIM OR SPECIAL REEXAMINATIONS

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

16.0 UNIT TRANSFERS

16.1 OBJECTIVES OF THE TRANSFER POLICY

The objectives of the Transfer Policy include the following:
A. To address emergency situations and comply with SHA Reasonable Accommodations Policy.

B. To fully utilize available housing resources while avoiding overcrowding by insuring that each family occupies the appropriate size unit.

C. To facilitate a relocation when required for modernization or other management purposes.

D. To facilitate relocation of families with inadequate housing accommodations.

E. To provide an incentive for families to assist in meeting the Syracuse Housing Authority's deconcentration goal.

F. To eliminate vacancy loss and other expense due to unnecessary transfers.

16.2 CATEGORIES OF TRANSFERS

Category 1: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

Category 2: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work to proceed. This is in compliance with the SHA Reasonable Accommodation Policy.

Category 3: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain Syracuse Housing Authority occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the Syracuse Housing Authority when a transfer is the only or best way of solving a serious problem.

16.3 DOCUMENTATION

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer. For Reasonable Accommodation due to a Section 504 consideration the documentation required in the SHA Reasonable Accommodation Policy should be submitted to the 504 Administrative Coordinator.
16.4 INCENTIVE TRANSFERS

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

Families living in multifamily developments have the opportunity to transfer to scattered-site housing. Families approved for such transfers will meet the following eligibility criteria:

A. Have been a tenant for at least one year;

B. For a minimum of one year, at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty-five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary care givers to others with disabilities;

C. Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year which ever is less;

D. The family is current in the payment of all charges owed the Syracuse Housing Authority and has not paid late rent for at least one year;

E. The family passes a current housekeeping inspection and does not have any record of housekeeping problems during the last year;

F. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of tenants or Housing Authority staff.

G. Participates in a series of classes conducted by the Syracuse Housing Authority on basic home and yard care.

16.5 PROCESSING TRANSFERS

Transfers on the waiting list will be sorted by the above categories and within each category by date and time.

Transfers in category 1 and 2 will be housed ahead of any other families, including those
on the applicant waiting list. Transfers in category 1 will be housed ahead of transfers in category 2.

Transfers in category 3 will be housed as is applicable to need, occupancy rate, and cost burden to the housing development.

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) business days of being informed the unit is ready to rent. The family will be allowed seven (7) calendar days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.

B. If the transfer is being made at the request of the Syracuse Housing Authority and the family rejects two offers without good cause, the Syracuse Housing Authority will take action to terminate their tenancy. If the reason for the transfer is that the current unit is too small to meet the Syracuse Housing Authority’s optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.

C. If the transfer is being made at the family’s request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.

D. If the transfer is being made at the family’s request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family’s name will be removed from the transfer list.

16.6 COST OF THE FAMILY'S MOVE

The cost of the transfer generally will be borne by the family in the following circumstances:

A. When the transfer is made at the request of the family or by others on behalf of the family (i.e. by the police);
B. When the transfer is needed to move the family to an appropriately sized unit, either larger or smaller;

C. When the transfer is necessitated because a family with disabilities needs the accessible unit into which the transferring family moved (The family without disabilities signed a statement to this effect prior to accepting the accessible unit); or

D. When the transfer is needed because action or inaction by the family caused the unit to be unsafe or uninhabitable.

The cost of the transfer will be borne by the Syracuse Housing Authority in the following circumstances:

A. When the transfer is needed in order to carry out rehabilitation activities; or

B. When action or inaction by the Syracuse Housing Authority has caused the unit to be unsafe or uninhabitable.

The responsibility for moving costs in other circumstances will be determined on a case by case basis.

16.7 TENANTS IN GOOD STANDING

When the transfer is at the request of the family, it will not be approved unless the family is in good standing with the Syracuse Housing Authority. This means the family must be in compliance with their lease, current in all payments to the Housing Authority, and must pass a housekeeping inspection.

16.8 TRANSFER REQUESTS

A tenant may request a transfer at any time by completing a transfer request form. In considering the request, the Syracuse Housing Authority may request a meeting with the tenant to better understand the need for transfer and to explore possible alternatives. The Syracuse Housing Authority will review the request in a timely manner and if a meeting is desired, it shall contact the tenant within fourteen (14) calendar days of receipt of the request to schedule a meeting.

The Syracuse Housing Authority will grant or deny the transfer request in writing within fourteen (14) calendar days of receiving the request or holding the meeting, whichever is
If the transfer is approved, the family's name will be added to the transfer waiting list.

If the transfer is denied, the denial letter will advise the family of their right to utilize the grievance procedure.

16.9 **RIGHT OF THE SYRACUSE HOUSING AUTHORITY IN TRANSFER POLICY**

The provisions listed above are to be used as a guide to insure fair and impartial means of assigning units for transfers. It is not intended that this policy will create a property right or any other type of right for a tenant to transfer or refuse to transfer.

17.0 **INSPECTIONS**

An authorized representative of the Syracuse Housing Authority and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the Syracuse Housing Authority file and a copy given to the family member. An authorized Syracuse Housing Authority representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset any damages to the unit which the Syracuse Housing Authority determines are beyond normal wear and tear.

17.1 **MOVE-IN INSPECTIONS**

The Syracuse Housing Authority and an adult member of the family will inspect the unit within one week following the tenant’s scheduled move into the unit. Both parties will sign a written statement of the condition of the unit. A copy of the signed inspection will be given to the family and the original will be placed in the tenant file.

17.2 **ANNUAL INSPECTIONS**

The Syracuse Housing Authority will inspect each public housing unit semi-annually to ensure that each unit meets the Syracuse Housing Authority’s housing standards. Work orders will be submitted and completed to correct any deficiencies.

17.3 **PREVENTATIVE MAINTENANCE INSPECTIONS**
These inspections are conducted on a regular and ongoing basis. The inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the drains, smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

17.4 **SPECIAL INSPECTIONS**

A special inspection may be scheduled to enable HUD or others to inspect a sample of the housing stock maintained by the Syracuse Housing Authority.

17.5 **HOUSEKEEPING INSPECTIONS**

Generally, at the time of annual reexamination, or at other times as necessary, the Syracuse Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

17.6 **NOTICE OF INSPECTION**

For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections the Syracuse Housing Authority will give the tenant at least two (2) days written notice.

17.7 **EMERGENCY INSPECTIONS**

If any employee and/or agent of the Syracuse Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

17.8 **PRE-MOVE-OUT INSPECTIONS**

When a tenant gives notice that they intend to move, the Syracuse Housing Authority will offer to schedule a pre-move-out inspection with the family. The inspection allows the Syracuse Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the Syracuse Housing Authority to ready units more quickly for the future occupants.

17.9 **MOVE-OUT INSPECTIONS**
The Syracuse Housing Authority conducts the move-out inspection after the tenant vacates to assess the condition of the unit and determine responsibility for any needed repairs. When possible, the tenant is notified of the inspection and is encouraged to be present. This inspection becomes the basis for any claims that may be assessed against the security deposit.

18.0 WEAPONS

All residents must notify the Syracuse Housing Authority immediately if they or any member of the tenant household owns or possesses a gun, rifle, or firearm (whether or not it requires a permit or registration), or any other weapon, including but not limited to BB guns, pellet guns, hunting knives, slingshots, and bow and arrows.

A resident who owns or possesses a firearm or weapon must provide the Syracuse Housing Authority with a copy of the applicable permit or registration as required by State or Federal Law for any weapon or firearm kept on the premises.

Firearms stored on the premises must either be kept in a locked gun cabinet supplied by the resident and approved by the SHA, or they must have a safety lock and be stored in the locked position at all times.

Residents must not display or use, or allow members of the resident household, visitors, or guests to display or use any firearms, BB guns, pellet guns, slingshots, hunting knives, bow and arrows, or any other weapon in a manner that endangers life or property.

19.0 REPAYMENT AGREEMENTS

When a resident owes the Syracuse Housing Authority back rent due to a retroactive charge and is unable to pay the balance by the due date, the resident may request that the Syracuse Housing Authority allow them to enter into a Repayment Agreement. The Syracuse Housing Authority has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may subject the Resident to eviction procedures.

20.0 TERMINATION

20.1 TERMINATION BY TENANT
The tenant may terminate the lease at any time upon submitting a one month written notice. If the tenant vacates prior to the end of the one month period, they will be responsible for rent through the end of the notice period.

20.2 **TERMINATION BY THE HOUSING AUTHORITY**

The Syracuse Housing Authority after 10/1/2000 will not renew (or will terminate) the lease of any family that is not in compliance with the community service requirement or an approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.

The Syracuse Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include but are not limited to the following:

A. Nonpayment of rent or other charges;

B. A history of late rental payments;

C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;

D. Failure to allow inspection of the unit;

E. Failure to maintain the unit in a safe and sanitary manner;

F. Assignment or subletting of the premises;

G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);

H. Destruction of property;

I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;

J. Any criminal activity on the property or drug-related criminal activity on or off the premises. This includes but is not limited to the manufacture of methamphetamine on the premises of the Syracuse Housing Authority;

K. Non-compliance with Non-Citizen Rule requirements;
L. Permitting persons not on the lease to reside in the unit more than fourteen (14) calendar days each year without the prior written approval of the Housing Authority; and

M. Other good cause.

The Syracuse Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program.

**NOTE:** Any lease termination initiated by the Syracuse Housing Authority on the basis of criminal activity by a member of the household will NOT offer the opportunity to access the SHA Grievance Procedures. Due process rights will be afforded to the tenant entirely through the state court system.

### 20.3 RETURN OF SECURITY DEPOSIT

After a family moves out, the Syracuse Housing Authority will return the security deposit within thirty (30) calendar days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same condition as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.

If State law requires the payment of interest on security deposits, it shall be complied with.

The Syracuse Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within thirty (30) days.

### 21.0 INFORMAL HEARING AND FORMAL GRIEVANCE PROCEDURES FOR RESIDENTS

#### 21.1 RIGHT TO A GRIEVANCE HEARING

Upon the filing of a written request as provided in these procedures, a Resident will be entitled to a hearing before a hearing officer.
21.2 DEFINITIONS

For the purpose of this Grievance Procedure, the following definitions are applicable:

A. "Grievance" will mean any dispute which a Resident may have with respect to Authority action or failure to act in accordance with the individual Resident's lease or Authority regulations which adversely affect the individual Resident's rights, duties, welfare or status. Grievance does not include any dispute a Resident may have with the Authority concerning a termination of tenancy or eviction that involves any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the Authority's public housing premises by other Residents or employees of the Authority, or any drug-related criminal activity on or near such premises. Nor will this process apply to disputes between Residents not involving the Syracuse Housing Authority or to class grievances.

B. "Complainant" will mean any Resident whose grievance is presented to the Authority or at the development management office in accordance with Sections 3 and 4 of this policy.

C. "Elements of due process" will mean an eviction action or a termination of tenancy in a State or local court in which the following procedural safeguards are required:

1. Adequate notice to the Resident of the grounds for terminating the tenancy and/or eviction;

2. Right of the Resident to be represented by counsel;

3. Opportunity for the Resident to refute the evidence presented by the Authority including the right to confront and cross examine witnesses and to present any affirmative legal or equitable defense which the Resident may have;

4. A decision on the merits.

D. "Hearing Officer" will mean a person selected in accordance with C(2) of these procedures to hear grievances and render a decision with respect to such grievance.

E. "Resident" will mean the adult person (or persons) other than a live-in aide:

1. Who resides in the premises, and who executed the lease with the Authority as lessee of the premises, or, if no such person now resides in the premises,
2. Who resides in the premises, and who is the remaining head of household of the Resident family residing in the premises.

F. "Resident organization" includes a resident council or resident management corporation.

21.3 PROCEDURES PRIOR TO A HEARING

Informal settlement of grievance. Any grievance will be promptly and personally presented, verbally or in writing, to the Authority office so that the grievance may be discussed informally and settled without a hearing. A summary of such discussion will be prepared within fourteen (14) calendar days and one copy will be given to the Resident and one retained in the Authority's Resident file. The summary will specify the names of the participants, dates of the meeting, the nature of the proposed disposition of the complaint and the specific reasons therefor, and will specify the procedures by which a hearing under these procedures may be obtained if the Resident is not satisfied.

21.4 PROCEDURES TO OBTAIN A HEARING

A. Request for hearing. The Resident will submit a written request for a hearing to the Authority within fourteen (14) calendar days from the date of the mailing of the summary of the discussion pursuant to Section C. The written request will specify:

1. The reasons for the grievance; and
2. The action or relief sought.

B. Selection of Hearing Officer. A grievance hearing will be conducted by an impartial person appointed by the Authority other than a person who made or approved the Authority action under review or a subordinate of such person.

The Authority will maintain and will annually review a list of prospective hearing officers. This list will be provided to any existing resident organization(s), and to Legal Assistance of the Finger Lakes for such organization's comments or recommendations. Any comments or recommendations by a resident organization submitted in a reasonable time will be considered by the Authority.

From this list, a hearing officer will be selected.
C. Failure to request a hearing. If the Resident does not request a hearing in accordance with this Section, or fails to appear at a scheduled hearing, then the Authority's disposition of the grievance under “E. Decision of the hearing officer” will become final: Provided, that failure to request a hearing does not constitute a waiver by the Resident of the right thereafter to contest the Authority's action in disposing of the complaint in an appropriate judicial proceeding.

D. Escrow deposit. Before a hearing is scheduled in any grievance involving the amount of rent as defined in the lease which the Authority claims is due, the Resident will pay to the Authority an amount equal to the amount of the rent due and payable as of the first of the month preceding the month in which the act or failure to act took place (this includes retro-rent). The Resident will thereafter deposit monthly the same amount of the monthly rent in an escrow account held by the Authority until the complaint is resolved by decision of the hearing officer. Amounts deposited into the escrow account will not be considered as acceptance of money for rent during the period in which the grievance is pending. These requirements may be waived by the Authority in extenuating circumstances. Unless so waived, the failure to make such payments will result in a termination of the grievance procedure: Provided, that failure to make payment will not constitute a waiver of any right the Resident may have to contest the Authority's disposition of his grievance in any appropriate judicial proceeding.

E. Scheduling of hearings. Upon the Resident's compliance with this Section a hearing will be promptly scheduled by the hearing officer for a time and place reasonably convenient to both the Resident and the Authority. A written notification specifying the time, place and the procedures governing the hearing will be delivered to the Resident and the appropriate Authority official.

21.5 PROCEDURES GOVERNING THE HEARING

A. The Resident will be afforded a fair hearing, which will include:

1. The opportunity to examine before the grievance hearing any Authority documents, including records and regulations, that are directly relevant to the hearing. The Resident will be provided a copy of any such document at the Resident's expense. If the Authority does not make the document available for examination upon request by the Resident, the Authority may not rely on such document at the grievance hearing.

2. The right to be represented by counsel or other person chosen as the Resident's representative, and to have such person make statements on the Resident's behalf;
3. The right to a private hearing unless the Resident requests a public hearing;

4. The right to present evidence and arguments in support of the Resident's complaint, to controvert evidence relied on by the Authority or development management, and to confront and cross examine all witnesses upon whose testimony or information the Authority or development management relies; and

5. A decision based solely and exclusively upon the facts presented at the hearing.

B. Accommodation of persons with disabilities.

1. The Authority will provide reasonable accommodations for persons with disabilities to participate in the hearing.

21.6 DECISION OF THE HEARING OFFICER

A. The hearing officer will prepare a written decision, together with the reasons therefor, within thirty (30) calendar days after the hearing. A copy of the decision will be sent to the Resident and the Authority. The Authority will retain a copy of the decision, in the Resident's folder. A copy of such decision with all names and identifying references deleted, will also be maintained on file by the Authority and made available for inspection by a prospective complainant, his or her representative, or the hearing officer.

B. The decision of the hearing officer will be binding on the Authority which will take all actions, or refrain from any actions, necessary to carry out the decision unless the Authority's Board of Commissioners determines within thirty (30) calendar days, and promptly notifies the complainant of its determination, that:

1. The grievance does not concern Authority action or failure to act in accordance with or involving the Resident's lease or Authority regulations, which adversely affect the Resident's rights, duties, welfare or status;

2. The decision of the hearing officer is contrary to applicable Federal, State, or Local law, Authority regulations or requirements of the Annual Contributions Contract between the Authority and the U.S. Department of Housing and Urban Development.

C. A decision by the hearing officer or Board of Commissioners in favor of the Authority or which denies the relief requested by the Resident in whole or in part will not constitute a waiver of, nor affect in any manner whatsoever, any rights
the Resident may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.
APPENDIX 1.0   PET POLICY

In accordance with 24 CFR 942, the Syracuse Housing Authority will allow for pet ownership in Public Housing for the elderly and handicapped for those projects allocated by the Housing Authority and assisted under the United States Housing Act of 1937.

A1.1 INTRODUCTION

These rules are established by the Syracuse Housing Authority pursuant to Section 227 of the Housing and Urban Rural Recovery Act of 1983 (Public Law 98-981), and the regulations promulgated pursuant to that law by the Department of Housing and Urban Development, more specifically set forth in the Code of Federal Regulations as referred to below. In accordance with that law and those regulations, the Syracuse Housing Authority has issued these rules in light of its role in providing a decent, safe and sanitary living environment for existing and prospective tenants and in protecting and preserving the physical condition of the project and the financial interest of the project owner.

A1.2 DEFINITIONS

A. Common household pet means a smaller domesticated animal, such as a dog, cat, bird, rodent, fish or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes.

B. Reptiles (except turtles) are not common household pets.

C. A common household pet will, for purpose of these rules, be referred to as a “pet”.

D. “Elderly or Handicapped Family” means an elderly or handicapped person or family for purposes of the program under which a project for the elderly or handicapped is assisted or has its mortgage insured by the Department of Housing and Urban Development (A Project for the “Elderly or the Handicapped” is more specifically defined in 24 CFR Parts 243 and 942).

E. When used in these rules, the terms “Owner” and “Head of Household” shall refer to the appropriate person within an elderly or handicapped family in such a dwelling unit managed or administered by the Syracuse Housing Authority.

A1.3 GENERAL LEASES

Tenants of projects for the elderly or handicapped are permitted to keep common household pets in their dwelling units, subject to these rules and the Federal Regulations referred to above. These rules are incorporated by reference into the leases for all such tenants. All such tenants agree to comply with these rules, and violation of these rules may be grounds
for removal of the pet or termination of the pet owner’s tenancy (or both) in accordance with the provisions of the Federal Regulations and state or local law.

A1.4  REGISTRATION

All pets shall be registered with the Authority before being brought to reside on the project premises, and the registration must be updated at least annually. The registration must include:

A. A certificate signed by a licensed Veterinarian or a state or local authority empowered to innoculate animals (or the designated agent of such authority), stating that the pet has received all inoculations required by applicable state and local law.

B. Information sufficient to identify and to demonstrate that it is a common household pet.

C. Verification that the pet has been spayed or neutered if applicable.

D. Written proof of a satisfactory annual medical check-up by a licensed Veterinarian, which shall include verification that the pet is free from flea infestation.

E. The name, address, and telephone number of a responsible party who will remove or care for the pet if the pet owner dies, is incapacitated or is otherwise unable to care for the pet. That third party must sign in advance a document (supplied by the Authority) assuming responsibility for the animal in such circumstance.

F. Presentation of the pet at the registration interview for viewing and inspecting by Authority personnel.

A1.5  OWNER STATEMENT

The pet owner will, at the first registration of the pet and at least annually thereafter, sign a statement indicating that the owner has read the pet rules and agrees to comply with them.

A1.6  LIABILITY INSURANCE

The tenant shall acquire and keep in effect during the ownership of a cat or dog a liability policy in the amount of not less than $10,000.00 for the protection of the Syracuse Housing Authority for costs associated with the presence of the pet in the rental housing project.

A1.7  PET SECURITY DEPOSIT

Pet owners will pay a pet security deposit in the amount of $300.00 to compensate the Authority for costs associated with the presence of the pet in the rental housing project.
A1.8 **FEES AND DEPOSITS NOT RENT**

Fees and deposits provided for in these rules are not a part of the rent payable to the Authority.

A1.9 **REFUSAL BY AUTHORITY**

The Authority is authorized to refuse to register a pet if the pet is not a common household pet; if keeping the pet will violate any applicable house pet rules; if the presence of the pet will constitute a serious threat to the health of another resident of the project (as defined in Section 243.26 (c) of the Federal Regulations); or if the pet owner fails to provide complete pet registration information or fails to annually up-date the pet registration.

A1.10 **NOTICE OF REFUSAL**

The Authority will notify the pet owner if the Authority refuses to register the pet. The notice will state the basis of the refusal and will be served by mail and by delivery in accordance with the requirements of Section 243.22 (f) of the Federal Regulations.

A1.11 **LICENSING**

Pet owners will license their pets in accordance with state and local laws.

A1.12 **INOCULATIONS**

Pet owners shall have their pets inoculated in accordance with state and local laws.

A1.13 **SPAYING/NEUTERING**

Female dogs or cats over six months of age must be spayed and male dogs or cats over eight months of age shall be neutered. All cats must be de-clawed.

A1.14 **NUMBER**

No more than one four -legged warm-blooded pet will be allowed in each dwelling unit.

A1.15 **SIZE**

Dogs weighing more than 20 pounds shall not be permitted. The tenant, however, may make application to the Executive Director for an exception to this rule if the tenant resides in a single family, detached dwelling. In that event, the Executive Director shall make a
reasonable determination on the size limit in accordance with the specific animal concerned and the nature of the dwelling unit.

A1.16 LEASH

When not in the dwelling unit, a dog or cat shall be on a leash measuring not more than four (4) feet, and shall be handled by a responsible person who is able to control it.

A1.17 ELEVATORS AND COMMON AREAS

Pets are permitted in the elevators in hi-rise buildings. When possible, pets will be carried in and out of the elevator. All other common areas are prohibited to pets.

A1.18 LITTER

The tenant owning a cat shall provide a litter tray for the animal’s use in the dwelling unit. Litter must be wrapped in a securely tied plastic bag and disposed of at least twice each week in a designated receptacle. Disposal of litter with a regular garbage or trash disposal will not be permitted.

A1.19 WASTE

Dogs and cats shall not be exercised or be permitted to deposit waste anywhere in the dwelling unit or on the grounds of the project, except in an area specifically designated on the grounds for use by dogs. Tenants shall be responsible for immediately removing dog waste dropped anywhere, including the designated area, placing the same in a plastic bag or other suitable container and placing that in a designated receptacle.

A1.20 WASTE REMOVAL CHARGE

The tenant will be responsible for a waste removal charge of $10.00 per incident if the SHA is required to dispose of waste from the tenant’s pet.

A1.21 NOISE AND ODOR

No unreasonable noise or odor will be allowed in the project or dwelling unit by reason of the presence of a pet. It is the sole obligation of the tenant-owner to control both noise and odor from his pet to avoid nuisance to other tenants or damage to property.

A1.22 NUISANCE OR THREAT TO HEALTH OR SAFETY

Nothing in these rules prohibits the Authority or an appropriate community authority from requesting the removal of any pet from a project, if the pet’s conduct or condition is duly determined to constitute, under the provisions of state or local law, a nuisance or threat to
the health or safety of the occupants of the project or of other persons in the community where the project is located.

A1.23 UNATTENDED PETS

No pet shall be left unattended in a dwelling unit for more than 24 hours, and no cat or dog for more than 18 hours. If the tenant is unable to personally attend his pet, the designated person listed on the registration shall do so. This will help assure adequate food, exercise, waste release and general care for the pet, which also protects other tenants and project property.

A1.24 VIOLATIONS

If the Authority determines on the basis of objective fact, supported by written statement, that a pet owner has violated a rule governing the keeping of pets, it will serve a notice of pet rule violation to the owner in accordance with Section 243.22 (f) of the Federal Regulations. The notice will contain the facts and statements required under Section 243.22 and will allow for a pet rule violation meeting if requested by the pet owner. A notice of pet removal may be served thereafter, followed by commencement of proceedings to remove a pet or terminate a pet owner’s tenancy, all as prescribed by and set forth in Section 243.22.

A1.25 NO-PET AREAS

Schedule “A” attached to and made a part of these rules shows the buildings, floors of buildings or sections of buildings designated by the Authority as areas for occupancy by tenants for whom the presence of a pet will constitute a serious health threat.

A1.26 HEALTH THREAT

A. The Authority will not permit the presence of a common household pet to constitute a serious threat to the health of a tenant or prospective tenant, or any member of his or her family. For the purpose of these rules, a pet will constitute a serious threat to the health of an individual only if the individual (or his or her parent or guardian) has filed with the Authority a certificate signed by a licensed physician indicating that exposure to the pet will cause an allergic reaction that will constitute such a threat to the individual. The certificate must describe the type of exposure (such as direct contact or presence in the same room, elevator, or common area), duration of exposure, the types or groups of animals (such as long hair, fur-bearing animals), and any other information relevant to ascertaining the nature and extent of the circumstances that will cause such a reaction.

B. The Authority will therefore refuse to admit an applicant for tenancy if the applicant will own or keep a pet in the dwelling unit, and the presence of the pet will cause a serious threat to the health of a tenant or a resident member of a tenant’s family. The
Authority will not refuse to admit the applicant if the applicant agrees not to keep the pet in the unit.

C. The Authority will also deny the application by an existing tenant for approval of a prospective pet, if the pet will constitute a serious health threat as described above.

D. The Authority will comply with the provisions of 24 CFR 243.26 ("Special rules for health threats and tenant moves") when a pet or a proposed pet will constitute a serious health threat. That section, as from time to time amended, is incorporated into these rules by reference and will control Authority decisions, tenant moves and other matters, including “pet” and “no-pet” waiting lists.

A1.27 EMERGENCIES

A. If a pet becomes vicious, displays symptoms of severe illness or demonstrates other behavior that constitutes an immediate threat to the health or safety of the project tenants, the Authority may request the pet owner immediately to remove the pet from the rental housing project. If the Authority is unable to contact the pet owner, the Authority may contact the appropriate state or local authority (or designated agent of such authority) to have the pet immediately removed from the project premises.

B. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by factors that render the pet owner unable to care for the pet, the Authority may contact the responsible party. If the party is either unwilling or unable to care for the pet, the Authority may contact the appropriate state or local authority (or designated agent of such authority) and request the removal of the pet. If there is no state or local authority (or designated agent of such an authority) authorized to remove a pet and the Authority has placed a provision in the lease agreement as described in Section 243.30 (b), the Authority may enter the pet owner’s unit, remove the pet and place the pet in a facility that will provide care and shelter for no less than thirty days. The cost of the animal care facility will be paid from the security deposit imposed under these rules. If there is no security deposit, the cost of the animal care facility shall be paid from the project expense.

A1.28 EXCLUSION

These rules do not apply to animals that are used to assist the handicapped. This exclusion applies to animals that reside in projects for the elderly or handicapped, as well as to animals that visit these projects. Resident animals must qualify for this exclusion, which must be granted if the tenant or the prospective tenant certifies in writing that:

A. The tenant or a member of his or her family is handicapped;

B. The animal has been trained to assist persons with that specific handicap; and
C. The animal actually assists the handicapped individual.

Nothing in these rules limits or impairs the rights of handicapped individuals under Federal, State, or Local laws.

A1.29 NO PET AREAS

TBD....
APPENDIX 2  GLOSSARY

50058 Form: The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

1937 Housing Act: The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

Adult: A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

Allowances: Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children under 13 years of age.

Annual Contributions Contract (ACC): The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

Annual Income: All amounts, monetary or not, that:

A. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member; or

B. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

C. Are not specifically excluded from annual income.

Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access. (1937 Housing Act; 24 CFR 5.609)

Applicant (applicant family): A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

As-Paid States: States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.
Assets: The value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets. (Also see "net family assets.")

Asset Income: Income received from assets held by family members. If assets total more than $5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income. (See "imputed asset income" below.)

Ceiling Rent: Maximum rent allowed for some units in public housing projects.

Certification: The examination of a household's income, allowable expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

Child: For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

Child Care Expenses: Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

Citizen: A citizen or national of the United States. (24 CFR 5.504(b))

Consent Form: Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits. (24 CFR 5.214)

Decent, Safe, and Sanitary: Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

Department: The Department of Housing and Urban Development. (24 CFR 5.100)

Dependent: A member of the family (except foster children and foster adults), other than the family head or spouse, who is under 18 years of age or is a person with a disability or is a full-time student. (24 CFR 5.603(d))
Dependent Allowance: An amount, equal to $480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

Disability Assistance Expenses: Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

Disability Assistance Expense Allowance: In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

Disabled Family: A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

Disabled Person: See "person with disabilities."

Displaced Family: A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (24 CFR 5.403(b))

Displaced Person: A person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [1937 Act]

Drug-Related Criminal Activity: Drug trafficking or the illegal use, or possession for personal use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802).

Elderly Family: A family whose head, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides. (24 CFR 5.403)

Elderly Family Allowance: For elderly families, an allowance of $400 is deducted from the household's annual income in determining adjusted annual income.

Elderly Person: A person who is at least 62 years of age. (1937 Housing Act)

Extremely low-income families: Those families whose incomes do not exceed 30% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families.
**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

**Family** includes but is not limited to:

- A. A family with or without children;
- B. An elderly family;
- C. A near-elderly family;
- D. A disabled family;
- E. A displaced family;
- F. The remaining member of a tenant family; and
- G. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family. (24 CFR 5.403)

**Family Members:** All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

**Family Self-Sufficiency Program (FSS Program):** The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the formula method. The flat rent is established by the housing authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

**Formula Method:** A means of calculating a family's rent based on 10% of their monthly income, 30% of their adjusted monthly income, the welfare rent, or the minimum rent. Under the formula method, rents may be capped by a ceiling rent. Under this method, the family's income is evaluated at least annually.

**Full-Time Student:** A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree. (24 CFR 5.603(d))
**Head of Household:** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent. (24 CFR 5.504(b))

**Household Members:** All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

**Housing Assistance Plan:** A housing plan that is submitted by a unit of general local government and approved by HUD as being acceptable under the standards of 24 CFR 570.

**Imputed Income:** For households with net family assets of more than $5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used as income from assets in determining annual income.

**In-Kind Payments:** Contributions other than cash made to the family or to a family member in exchange for services provided or for the general support of the family (e.g., groceries provided on a weekly basis, baby sitting provided on a regular basis).

**Interim (examination):** A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

**Live-In Aide:** A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities and who:

A. Is determined to be essential to the care and well-being of the persons;

B. Is not obligated for the support of the persons; and

C. Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

**Low-Income Families:** Those families whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes. (1937 Act)

**Medical Expenses:** Medical expenses (of all family members of an elderly or disabled family), including medical insurance premiums, that are anticipated during the period for which annual income is computed and that are not covered by insurance. (24 CFR 5.603(d)). These expenses include, but are not limited to, prescription and non-prescription drugs, costs for doctors,
dentists, therapists, medical facilities, care for a service animals, transportation for medical purposes.

**Mixed Family:** A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

**Monthly Adjusted Income:** One twelfth of adjusted income. (24 CFR 5.603(d))

**Monthly Income:** One twelfth of annual income. (24 CFR 5.603(d))

**National:** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

**Near-Elderly Family:** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides. (24 CFR 5.403(b))

**Net Family Assets:**

A. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.

B. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.

C. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms. (24 CFR 5.603(d))

**Non-Citizen:** A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))
Occupancy Standards: The standards that a housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

Person with Disabilities: A person who:

A. Has a disability as defined in Section 223 of the Social Security Act, which states:

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

B. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment that:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability could be improved by more suitable housing conditions, or

C. Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act, which states:

"Severe chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care, (2) receptive and responsive language, (3) learning, (4) mobility, (e) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and
5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated."

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome. (1937 Act)

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

**Proration of Assistance:** The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR 5.520)

**Public Housing Agency (PHA):** Any State, county, municipality, or other governmental entity or public body (or agency or instrumentality thereof) which is authorized to engage in or assist in the development or operation of low-income housing under the 1937 Housing Act. (24 CFR 5.100)

**Recertification:** The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

**Remaining Member of a Tenant Family:** A member of the family listed on the lease who continues to live in the public housing dwelling after all other family members have left. (Handbook 7565.1 REV-2, 3-5b.)

**Self-Declaration:** A type of verification statement by the tenant as to the amount and source of income, expenses, or family composition. Self-declaration is acceptable verification only when third-party verification or documentation cannot be obtained.

**Shelter Allowance:** That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a tenant family. (Public Housing: Handbook 7465.1 REV-2, 3-5)

**State Wage Information Collection Agency (SWICA):** The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)
Temporary Assistance to Needy Families (TANF): The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

Tenant: The person or family renting or occupying an assisted dwelling unit. (24 CFR 5.504(b))

Tenant Rent: The amount payable monthly by the family as rent to the housing authority. Where all utilities (except telephone) and other essential housing services are supplied by the housing authority or owner, tenant rent equals total tenant payment. Where some or all utilities (except telephone) and other essential housing services are supplied by the housing authority and the cost thereof is not included in the amount paid as rent, tenant rent equals total tenant payment less the utility allowance. (24 CFR 5.603(d))

Third-Party (verification): Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

Total Tenant Payment (TTP):

A. Total tenant payment for families whose initial lease is effective on or after August 1, 1982:

1. Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act which is the higher of:
   a. 30% of the family’s monthly adjusted income;
   b. 10% of the family’s monthly income; or
   c. If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family’s actual housing costs, is specifically designated by such agency to meet the family’s housing costs, the portion of such payments which is so designated.

   If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under section 3(a)(1) shall be the amount resulting from one application of the percentage.

2. Total tenant payment for families residing in public housing does not include charges for excess utility consumption or other miscellaneous charges.
B. Total tenant payment for families residing in public housing whose initial lease was effective before August 1, 1982: Paragraphs (b) and (c) of 24 CFR 913.107, as it existed immediately before November 18, 1996, will continue to govern the total tenant payment of families, under a public housing program, whose initial lease was effective before August 1, 1982.

Utility Allowance: If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made by a housing authority of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment. (24 CFR 5.603)

Utility Reimbursement: The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit. (24 CFR 5.603)

Very Low-Income Families: Low-income families whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the areas on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes. Such ceilings shall be established in consultation with the Secretary of Agriculture for any rural area, as defined in Section 520 of the Housing Act of 1949, taking into account the subsidy characteristics and types of programs to which such ceilings apply. (1937 Act)

Welfare Assistance: Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. (24 CFR 5.603(d))

Welfare Rent: In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.
APPENDIX 3   ACRONYMS

ACC      Annual Contributions Contract
CFR      Code of Federal Regulations
FSS      Family Self Sufficiency (program)
HCDA     Housing and Community Development Act
HQS      Housing Quality Standards
HUD      Department of Housing and Urban Development
INS      (U.S.) Immigration and Naturalization Service
NAHA     (Cranston-Gonzalez) National Affordable Housing Act
NOFA     Notice of Funding Availability
OMB      (U.S.) Office of Management and Budget
PHA      Public Housing Agency
QHWRA    Quality Housing and Work Responsibility Act of 1998
SSA      Social Security Administration
TANF     Temporary Assistance to Needy Families
TTP      Total Tenant Payment
## APPENDIX 4  INCOME LIMITS AND DECONCENTRATION WORKSHEET

<table>
<thead>
<tr>
<th>Development Name</th>
<th>Number of Units Under ACC</th>
<th>Number of Occupied Units</th>
<th>Number of Units Occupied by Very Poor Families</th>
<th>% Occupied by Very Poor Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

% Very Poor in

Census Tract

Target Number

Number Needed of below 30% of median area income

Number Needed above 30% of median area income

Waiting list number of families
APPENDIX 5

CRIMINAL, DRUG TREATMENT, AND REGISTERED SEX OFFENDER CLASSIFICATION RECORDS MANAGEMENT POLICY

1.0 PURPOSE

In the course of its regular operations, the Syracuse Housing Authority comes into possession of criminal records as well as records of drug treatment or registered sex offender status of both residents and applicants. While necessary to accomplish Housing Authority business, these records must be maintained securely and kept from improper use.

The Syracuse Housing Authority may also be called upon to perform criminal record checks regarding applicants for, or tenants of, housing that receives project-based assistance in the jurisdiction of the Housing Authority. The authority shall maintain the records received for these residents or applicants in the manner prescribed by this policy. Such records will not be made available to the owner of the subject property, but will be used to make recommendations to the owner based on criteria supplied by the owner.

2.0 ACQUISITION

All adult applicants and residents shall complete the Syracuse Housing Authority Authorization for Release of Police Records and Authorization of Release of Medical Records when they apply for housing. Through its cooperative agreement with the Syracuse Police Department, the Housing Authority will request a check of local records as well as a National Crime Information Center check for a criminal history of any applicant. This check is done for the purpose of screening applicants for housing.

All requests for criminal records or records of drug treatment or registered sex offender status will direct the records to be sent to the supervisor of the applications office. Only this individual shall have access to the records received. He or she shall discuss the records with other Syracuse Housing Authority employees only as required to make a housing decision.

3.0 MAINTENANCE

The Syracuse Housing Authority will keep all criminal records or records of drug treatment or sex offender status that are received confidential. These records will be used
only to screen applicants for housing or to pursue evictions. The records will not be disclosed to any person or other entity except for official use in the application process or in court proceedings. No copies will be made of the records except as required for official or court proceedings.

Criminal records or records of drug treatment or registered sex offender status will be kept in a file separate from other application or eviction information. These files will be maintained in a different cabinet that is locked and kept in a secure location. Only specified employees shall have access to this cabinet.

4.0 DISPOSITION

The records shall be destroyed once action is taken on the application for housing and any grievance hearing or court proceeding has been completed and the action is finalized. A notification of destruction will be maintained.