**2021 MFA UNIVERSAL RENTAL DEVELOPMENT APPLICATION**

**Permanent Supportive Housing Certification of Quality**

In completing the PSH Certification of Quality the signatory affirms that the project has been explained to each partner named in the Universal Rental Development Application and that they understand and commit to the Quality Standards marked Yes.

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| Indicator | Certification of Quality | Verifiable Quality Measures in Pre-Development and Program Planning |
| **Resident Centered** | | |
| Resident-Driven Planning | * Yes * No | During the project planning process, individuals representing the priority target population have been involved, either through at least one individual meeting with the supportive housing project team and/or at least one focus  group with members of the targeted tenancy. |
| * Yes * No | There are multiple documented plans of how resident feedback is and will continue to be incorporated into the supportive housing project. |
| Commitment to Supportive Housing Goals | * Yes * No | There are written goals and/or targeted resident outcomes for the supportive housing project. |
| * Yes * No | The project will have a reliable method for collecting and reviewing data on the targeted resident outcomes (such as housing retention, income, changes in health outcomes, employment, social connectedness). |
| Privacy & Living Space (Necessary Amenities) | * Yes * No | Based on the household composition of the planned priority population, there will be an adequate number of bedrooms per unit. |
| * Yes * No | Sharing of bedrooms by non-related, single, adult residents will not be required. |
| Resident Education | * Yes * No | The Property Management plan will require the management company to provide residents an orientation introducing them to their apartment and neighborhood, and their rights and responsibilities as leaseholders as part of the move-in process. |
| * Yes * No | The Services Plan will include an adequate level of on-site tenancy supports (caseloads of 1:10-1:25) and opportunities for residents to build their skills through on-site workshops/ or outside linkages. |
| Resident Feedback | * Yes * No | The Property Management and/or Services Plan will indicate that a resident satisfaction survey will be administered on an annual basis. There will be a written description of the system for reviewing survey results and responding to resident feedback. |
| * Yes * No | The Property Management or Services Plan indicates that there will be a resident council, focus group or another resident-led group that meets regularly with the supportive housing project partners. There will be a written description of the system for reviewing and responding to resident feedback. |
| Services Design | * Yes * No | The services plan demonstrates that participation in services is voluntary, meaning that residents can choose whether to participate and select the services they prefer. |

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| **Accessible** | | |
| Location | * Yes * No | Residents can easily access a wide array of amenities on their own (public transportation, grocery stores, community centers, health clinics, etc.) that reflect local community standards. |
| * Yes * No | In locations where this is not feasible, the project will have a plan to assist residents in accessing needed resources. |
| Physical Accessibility | * Yes * No | There will be a system in place to ensure that any needed accommodations are requested and completed prior to resident move-in. |
| Housing First | * Yes * No | The Resident Selection Plan and all written policy and procedures will state that the eligibility criteria for the supportive housing meet the minimum that the funder(s) or landlord requires (without additional criteria imposed). (I.e. The project minimizes barriers to entry to ensure that its targets residents can quickly and easily access the supportive housing.) |
| * Yes * No | The Resident Selection Plan and all written policy and procedures will not require sobriety as an eligibility requirement to enter the supportive housing. |
| * Yes * No | The Resident Selection Plan and all written policy and procedures will not require medication compliance as an eligibility requirement to enter the supportive housing. |
| * Yes * No | The Resident Selection Plan and all written policy and procedures will not require participants to participate in services as an eligibility requirement to enter the supportive housing. |
| * Yes * No | The Resident Selection Plan and all written policy and procedures will not require a minimum income as an eligibility requirement to enter the supportive  housing. |
| Application Process | * Yes * No | There are (existing, or plans for) outreach protocols and designated staff assigned to find households after receiving referrals. |
| * Yes * No | The housing application and screening processes will be fully accessible to persons with disabilities. |
| * Yes * No | Appropriate, reasonable accommodations and necessary supports will be provided, as needed, during the application and screening processes. |
| * Yes * No | The housing application will be separate from any service needs assessment and will not request detailed clinical information. |
| * Yes * No | There will be a timely and clearly stated process for the approval or denial of housing applications and appeals. |
| * Yes * No | There will be an established system for staff to communicate with residents and referral sources during the application process and to track and retain  documentation. |
| * Yes * No | The supportive housing application and intake processes will ONLY include the  minimum number of questions needed to determine resident eligibility, such as those required by funders. |

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| Availability of Services | * Yes * No | The services plan outlines responsibility of services staff to ensure that residents are aware of available services, can modify their services at any time, and that service hours and locations are convenient (including outside of normal business hours and in crisis situations). |
| **Coordinated** | | |
| Roles and Responsibilities | * Yes * No | There are written descriptions of each supportive housing partner's role, including, at minimum, the project sponsor, housing and/or property manager and supportive services provider. These descriptions detail the responsibilities  of each partner. |
| * Yes * No | Written descriptions will be reviewed and revised annually by all partners. |
| Communication | * Yes * No | There are forums for all partners to discuss the status of the project, their roles and the coordination of their efforts on a regular basis. |
| * Yes * No | There are established procedures for communication between scheduled meetings. |
| Coordinating Property/ Housing Management & Supportive Services | * Yes * No | Both the service provider AND property management group (if project based) or housing management office (if scattered site) are committed to developing an eviction prevention plan and a rent repayment plan template. (This commitment can be included in MOUs outlining roles or demonstrated in meeting minutes) |
| Connections with Mainstream and Community- Based Service Providers | * Yes * No | Supportive Housing Service Plan and/or the MOU with the service provider includes serving as a coordinator with other mainstream service providers. (The primary service provider facilitates residents’ connections to resources and supportive services in the community, particularly behavioral healthcare, primary healthcare, substance use treatment and support, and employment.) |
| **Integrated** | | |
| Community Dialogue | * Yes * No | The supportive housing project partners have identified a lead partner who will be active in ongoing community dialogue and activities (including participating in community improvement activities, soliciting neighborhood input on design,  development and operating plans, identifying neighborhood needs or preferences for the design, receiving and responding to community concerns, and providing regular updates on the development process). |
| Housing Unit Choice | * Yes * No | Supportive housing partners have a clear understanding of and written description of which partner will work with residents to:   1. Develop an understanding of their needs and wants from a housing unit and 2. Search for and select a housing unit that meets their needs, including   any accessibility needs and reasonable accommodations requests. |

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| Leases and Resident Rights | * Yes * No | All supportive housing residents will be provided with leases or subleases identical to non-supportive housing residents — without service participation requirements or limits on length of stay (as long as lease terms are met). |
| * Yes * No | The project has procedures in place to ensure that residents are provided with a copy of their lease and have a clear understanding of their rights and responsibilities as residents. |
| Community Connections | * Yes * No | The primary service provider is committed to working with residents to 1) identify community opportunities, resources and relationships to support community connection, and to 2) ensure that residents have the support and  access to resources needed to pursue these connections. |
| **Sustainable** | | |
| Operating Funding | * Yes * No | The operating budget includes long-term operating subsidies or a rent reserve sufficient to meet operational costs for the supportive housing units while maintaining affordable resident rents. |
| * Yes * No | The operating budget will include a recurring contribution to a replacement reserve to repair/replace major systems that is consistent with MFA standards. |
| Housing Maintenance | * Yes * No | Property management staff has a comprehensive, written plan and schedule for inspections, pest control, routine maintenance and replacement activities designed to sustain the quality of the physical environment. |

I hereby certify that the information indicated above is true and accurate. I understand that in affirming our commitment to quality supportive housing this project and its supporting documentation may be subject to review for verification of the certification of quality standards.

Signature: Printed Name:

Title: Date: