

SAMPLE Program Agreement for Continuum of Care Transitional Housing

Introduction

SUBRECIPIENT ORGANIZATION NAME's Transitional Housing (TH) Program supports individuals or households experiencing homelessness as they transition to permanent housing. With TH, it is not required that individuals/households have income before beginning to live in a unit.

This TH Program is funded through HUD's Continuum of Care (CoC) program. CoC limits TH to 24 months of assistance. Clients are not required or expected to spend the full 24 months in TH and have the flexibility to exit the program when they'd like or when circumstances allow.

CoC requires that individuals/households meet the following eligibility criteria:

- are experiencing homelessness **OR** are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking
- reside in Indiana

Client's/Participant's Responsibilities

As a TH client/participant, I have certain responsibilities toward the program and **SUBRECIPIENT ORGANIZATION NAME**. I agree to those responsibilities by initialing next to the following statements:

Participant Eligibility. I confirm that I fully and accurately provided my personal and income information while **SUBRECIPIENT ORGANIZATION** established my or my household's eligibility for transitional housing assistance.

Progress toward Housing Stability. I strive to make progress toward housing stability, which could include one or more of the following: housing search and counseling, job search and vocational training, application for federal/local benefits, life skills training, social-emotional therapy, etc...

Occupancy Charge. I commit to paying the monthly occupancy charge for the unit my household occupies. The **SUBRECIPIENT ORGANIZATION** will determine my monthly occupancy charge through income calculations: at project intake, as monthly household income changes, and at annual recertification.

Reasons for Termination. I recognize and accept that **SUBRECIPIENT ORGANIZATION** can terminate my participation in TH assistance. Reasons for termination include but are not limited to a client's: intentionally lying or leaving out information during TH eligibility determinations; repeated failure to pay monthly occupancy charge; serious violation of lease or sublease; etc... Please see the *Grievance and Termination Policy* for a full list of grounds for termination.

Client’s/Participant’s Rights

By initialing below, I acknowledge that as a TH client/participant, I benefit from the following rights:

24 Months of Assistance. I understand that under this CoC transitional housing program, I can benefit from up to 24 months of assistance. I have the flexibility to exit the program or stop receiving assistance whenever I would like, or my circumstances allow.

Confidentiality. I understand that **SUBRECIPIENT ORGANIZATION** staff will keep my information confidential. When staff need to share my information with other organizations for legitimate business purposes, they must first get my signature on a written *Release of Information*.

Filing Grievances. I understand my right to file grievances and appeals against **SUBRECIPIENT ORGANIZATION** – the procedures for which are found in the *Grievance and Termination Policy*.

SUBRECIPEINT ORGANIZATION’s Responsibilities

While running this CoC TH program, **SUBRECIPIENT ORGANIZATION** must fulfill certain responsibilities for clients/participants and for the program itself. Those responsibilities include but are not limited to:

- collecting and keeping copies of documentation to establish clients’ CoC eligibility
- guiding and supporting individuals’/households’ search for appropriate housing
- verifying that potential housing/apartment units:
 - meet the Fair Market Rent standard (applies to TH projects financed by *Leasing*)
 - meet the Rent Reasonable standard (applies to TH projects financed by *Leasing* and *Rental Assistance*)
 - pass a Housing Quality Standards inspection
 - comply with the Lead Disclosure Rule and Lead Safe Housing Rule
- overseeing the signing of necessary documents (**lease and RAP Contract** or occupancy agreement).

Client Name:

Printed Name Here

Signature

Date

Subrecipient Staff Member Name:

Printed Name Here

Signature

Date