



Emergency Housing Voucher(EHV)Move On



Ending Homelessness. Starting Fresh.

Description: Emergency Housing Vouchers (EHV) are available to families and individuals (“candidates”) who no longer need intensive services but still need affordable housing. For the *EHV Move On* program, candidates could “graduate” from any Permanent Supportive Housing Programs to an EHV with a referral from their service agency.

Referral criteria: The service agency submits a referral form to SSF stating that the candidate:

- Is income eligible,
- meet citizenship/eligible immigration status and,
- criminal screening

The program will not approve individuals who:

- are registered lifetime sex-offenders
- are convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing.

Priority will be given to candidates who can verify that they can lease in place. The success of these *EHV Move On* candidates to utilize the voucher to obtain stable housing will influence the ability of their referring service agency to participate in the following year.

Benefits: By “graduating” a program participant, the referring agency is now able to serve another individual or family through Coordinated Entry to move out of homelessness.

Finding a new unit: Once SHRA determines the candidate is eligible and issues a voucher, the service agency will assist him/her/they in finding a new residence where the voucher can be utilized. The service agency will ensure that the candidate does not become homeless during this transition. If an acceptable unit cannot be found, or the candidate chooses not to proceed, he/she/they will remain a participant in the referring program and nothing changes. The candidate cannot change their mind after signing the new lease in the *EHV Move On program*. Only when the candidate has leased a unit will he/she/they be considered a “graduate” from the program.

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Emergency Housing Voucher(EHV) Move On Program Candidate Interest

Service Agency:

Candidate:

(Authorized Signator)

(Name)

(Agency/Funder)

(Address)

(Office Phone Number)

(City, State, Zip)

(Cell Phone number)

(Cell Phone number)

(Email address)

(Email address)

I, _____, am interested in participating in the *EHV Move On Program* and to move into housing subsidized with an Emergency Housing Voucher(EHV). The EHV program is a ten-year housing program and I can retain the voucher for as long as I follow program rules and regulations and I am eligible, or up to ten years whichever comes first.

I understand that my portion of the rent is based on my income and may be different from my current amount.

I understand that housing connected to the *EHV Move On* program is not directly connected to supportive services.

I understand that I may not be able to return immediately - or ever - to the program I am choosing to leave.

I understand that once I sign the new lease with the property owner for the *EHV Move On* program, I cannot change my mind.

Signature: _____
(Candidate)

Date: _____

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Move On Program Provider Referral

Service Agency:

(Authorized Signator)

(Agency/Funder)

(Office Phone Number)

(Cell Phone number)

(Email address)

Candidate:

(Name)

(Address)

(City, State, Zip)

(Cell Phone number)

(Email address)

I, _____, (Authorized Signator) am referring the candidate named above to the *EHV Move On* Program. I am certifying that he/she/they:

Is income eligible,

- meet citizenship/eligible immigration status and,
- criminal screening.

Priority will be given to candidates who can verify that they can lease in place, if:

- he/she/they has/have spoken with the owner who agrees to take the Housing Choice Voucher if the candidate is approved for the program; and
- the current landlord agrees to allow this candidate to remain the same residence for a year after the voucher's effective date.

Authorized Signator: _____

Date: _____

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