



Move On Vouchers

October 2020



Description: Housing Choice Vouchers (HCV) are available to families and individuals (“candidates”) who no longer need intensive services but still need affordable housing. During the first phase of implementing the *Move On* program, candidates could “graduate” from any of the nine Continuum of Care (CoC) - Permanent Supportive Housing Programs to a HCV with a referral from their service agency*.

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

- 1) has been in compliance with their service plan for the past 24 months;
- 2) has consistently paid monthly rent and utilities for the past 24 months or more;
- 3) has not had lease violations for the past consecutive 12 months.

Priority will be given to candidates who can verify that they can lease in place. The success of these *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 *Move On* program. Only when the candidate has leased a unit will he/she/they be considered a “graduate” from the program.

Scope: A referring service agency can have no more than 3 candidates looking for a unit at a time. This is to ensure that candidates with a voucher become successful before assisting an additional candidate.

*Cottage Housing, Inc; Wind Youth Services, Lutheran Social Services, Next Move, Sacramento Self-Help Housing, Volunteers of America, Mercy Housing, HOPE Cooperative, SHRA

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Move On Program Candidate Interest

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, _____, am interested in participating in the *Move On* Program and to move into housing subsidized with a Housing Choice Voucher (HCV). The HCV program is a long-term housing program and I can retain the voucher for as long as I follow program rules and regulations and I am eligible.

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 *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 *Move On* program, I cannot change my mind.

Signature: _____
(Candidate)

Date: _____

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Move On Program Provider Referral

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

- ☐ has participated in services;
- ☐ has consistently paid monthly rent and utilities for the past 24 months or more; and
- ☐ has not had lease violations for the past consecutive 12 months.

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

- ☐ he/she/they has/have been living in the current residence for at least 3 months;
- ☐ 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.

I understand that the *Move On* candidate's ability to remain stably housed will influence the ability of this referring agency to refer candidates to this program in the future. I am committing to continue to provide services to the candidate as needed.

I will ensure that services are available to this candidate as needed for at least 3 months after the effective date of the Housing Assistance Payment (HAP) contract to ensure that he/she/they is/are able to remain stably housed.

Authorized Signator: _____

Date: _____

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