

Head of Household Name: _____ Last 4 of SSN: _____

By checking the boxes below, I agree that program eligibility and receipt of program assistance provided by the Housing Support Unit (HSU) is contingent upon complying with program requirements. I understand failure to agree to these program requirements may impact my program eligibility.

1. I understand HSU services is for households currently residing in Kern County and certify that I am a Kern County resident. I understand I must notify my Housing Case Manager within 30 days of my intent to move out of the county after program enrollment.

2. I understand HSU assistance cannot be provided to a household who is already receiving other similar assistance or living in a housing unit receiving homeless assistance through other federal, State, or local sources. I understand that once I begin to receive HSU assistance, applying and/or receiving other similar project-based assistance through other federal, State, or local sources not approved by my Housing Case Manager will result in immediate program termination.

3. I understand HSU assistance is limited to 24 months within the last 3 years for each enrolled program verified through the local Homeless Management Information System (HMIS) database. I understand that receiving one day of services is equal to one month of services. I understand that once I've exhausted 24-months of assistance within an enrolled program, I will require a 12-month break in services before being eligible for an additional 24-months of assistance in that same program, dependent on funding availability.

4. I understand that HSU assistance of temporary shelter, eviction prevention assistance, and/or utility arrearages assistance is available only once within a 12-month rolling calendar year and is subject to enrolled program timeframes and funding availability. I understand I am required to provide valid documentation that will be verified before additional assistance is provided. I understand homeless prevention rental subsidy assistance for households who are facing eviction is only available for up to 3-months maximum with no extensions regardless of the program I am enrolled in.

5. I understand for new move-in assistance for any available HSU program, rent must be reasonable within the HUD guidelines for Fair Market Rents and rent obligations cannot exceed 80% of Total Monthly Household Income unless previously approved by my Housing Case Manager. I also understand that an HSU inspection must be completed prior to signing a lease for HSU to assist with paying a deposit. For shared housing circumstances, I understand HSU is only able to cover the eligible household members' portion.

6. I understand approved HSU rental subsidy assistance is dependent on the program I am enrolled into and may be provided in monthly intervals paid at a declining graduated scale depending on the status of monthly household income. I understand that HSU rental subsidy assistance is subject to enrolled program timeframes and funding availability. I understand I am responsible for paying my portion of the rental expense on time every month and that I must notify my Housing Case Manager a minimum of 2-weeks prior to my rent due date if I am unable to pay my portion.

7. I understand that HSU services, regardless of the program I am enrolled in, is designed to assist the household in achieving housing stability and is not permanent supportive housing. I understand that, depending on the program I am enrolled in, HSU may provide rental subsidy assistance and the program is not responsible for paying 100% of my rental obligations for the entire enrollment period.

8. I understand that HSU rental subsidy and move-in funds are paid directly to the Landlord or Property Manager and any HSU funds issued directly to me are to be considered as liquid resources and will not be replaced if misused, skimmed, lost, or stolen.

9. I understand HSU services is subject to enrolled program timeframes and funding availability and may be discontinued at any time due to funding availability and/or program capacity limitations. I understand that I will be provided with a 30-day written notification prior to discontinuation by my Housing Case Manager. I understand that Kern County or its contracted service provider(s) is not my landlord or leaseholder and that I am bound by the parameters of the lease I sign and must abide by all rules therein. I understand that once I have chosen a residence and moved in, I will not be rehoused due to dissatisfaction with the unit I have chosen.
10. I understand that I must provide accurate and honest information, actively participate in housing navigation searches, and meet with my Housing Case Manager at intervals established in my case plan. I understand I must provide current proof of income at any point at which my income increases or decreases in addition to any documentation required by my Housing Case Manager as it pertains to my case plan. I understand failure to communicate changes in my housing situation, income, or failure to actively participate in housing searches and/or maintain ongoing contact with my Housing Case Manager will directly impact my ability to achieve housing stability and may lead to program discontinuance.
11. I understand that reasons I may be considered in program noncompliance includes, but are not limited to: misrepresentation of eligibility information including failure to verify housing tenancy at any point during program enrollment, misuse of program funds, persistent violation of lease/rental agreements or refusal to participate in landlord-tenant agreements, household behavior while using drugs or alcohol violating lease terms or the rights and safety of participants and staff, persistent failure to adhere to program agreements including failure to actively participate in housing navigation searches, persistent failure to pay monthly rent obligations timely, and/or persistent failure to provide proof or reported changes to who is living in your household. I understand that I will have a mandatory noncompliance review appointment to discuss the issues identified and will be provided with a written 30-day notice by my Housing Case Manager regarding program termination if necessary.
12. I understand that grounds for immediate termination from any eligible HSU program include, but are not limited to: misrepresentation of or failure to verify housing tenancy and/or not meeting homeless or at-risk of homelessness eligibility, receiving similar project-based subsidies, having rental obligations exceeding 80% of total monthly household income without prior approval by my Housing Case Manager, no longer residing in Kern County, no longer being CalWORKs eligible, no longer complying with my Child Welfare case plan or successfully reunifying with my family, successfully completing rental agreements and having stabilized housing, exceeding program time limit eligibility, and/or securing permanent housing and having self-stabilized.
13. I understand that I may be ineligible for future HSU services for up to 12-months if I'm determined to have committed the following while receiving HSU services: misuse of funds, providing false or misleading information, failing to report changes to who is living in my household resulting in HSU services being paid for non-eligible residents, or committing fraud in order to receive or continue receiving HSU services.
14. I understand that in addition to the conditions listed above, if I am enrolled into the CalWORKs Housing Support Program (HSP), I must have an active CalWORKs case in order to maintain eligibility to HSP services. I understand that if I discontinue from CalWORKs due to an increase in income, I will be eligible to continue to receive HSP assistance for up to 6-months beginning after the month in which my CalWORKs eligibility ends. If I discontinue from CalWORKs for any other reason, I will not be eligible for HSP assistance effectively the month in which my CalWORKs eligibility ended.

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15. I understand that in addition to the conditions listed above, if I am enrolled into the Bringing Families Home Program (BFH) or any other Child Welfare specific program, I must be receiving Child Welfare services, such as Family Reunification, Family Maintenance, or Emergency Response at the time eligibility is determined. I understand to continue to be eligible, I must be actively participating in my Child Welfare case plan. Once I reunify with my family, I will be eligible for continued Child Welfare service for up to 6-months. If I fail to reunify with my family, my Housing Case Manager will try to link me with other programs that I may be eligible for, and my BFH and/or other Child Welfare specific program eligibility will end effective the 1st of the month after my FR case plan closes.
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16. I understand that in addition to the conditions listed above, if I am enrolled into the Housing and Disability Advocacy Program (HDAP), I or my family member must have a disabling condition as defined by the Social Security Administration. I understand that neither I nor my family member can have a pending application with the Social Security Administration at time of enrollment or be represented by any other non-HDAP Social Security benefit advocate at any time. I understand that if the Social Security Administration denies my claim, my Housing Case Manager will try to link me with other programs that I may be eligible for, and I will not be eligible for HDAP assistance effectively the 1st of the month after final determination is received.
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17. I understand that in addition to the conditions listed above, if I am enrolled into any Transitional Age Youth Program (TAY), I will only be eligible as long as I stay within the age requirements for the program I am enrolled in. I understand some TAY programs have eligibility restrictions to 21 years of age and others may have restrictions to the 25th birthday. My Housing Case Manager will try to link me with other programs that I may be eligible for 30 days prior to no longer meeting the age eligibility requirements.

Consent and Authorization to Release and Exchange Information

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1. I authorize the Kern County Human Services Housing Support Unit (HSU) to exchange or obtain records/information during the course of my housing program eligibility with other county agencies, referring parties, and/or contracted service providers as the sharing of information is deemed necessary to plan or provide needed services to establish program eligibility or continuing program eligibility.
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2. I authorize the Kern County Human Services Housing Support Unit (HSU) to exchange or obtain records/information during the course of my housing program eligibility with the Bakersfield Kern Regional Homeless Collaborative (BKRHC) Homeless Management Information System (HMIS). The HSU is required to enter your basic information into HMIS per State and Federal regulations, which can include but not limited too; your name, birth date, gender, the last four digits of your social security number, race, ethnicity, veteran status and unique identifying characteristics, education, and employment information. Sharing information between agencies via the HMIS can reduce the number of times you are asked for the same information, and it can help improve the overall quality of services you receive. Numerous safeguards are in place to ensure the confidentiality of the information you provide and assist with avoiding duplication of services.
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3. I authorize the Kern County Human Services Housing Support Unit (HSU) and its contracted service providers to share information regarding my homelessness case with my current or potential landlords for the purpose of securing housing to resolve my homelessness or at-risk of homelessness crisis.

<u>Head of Household Certification</u>		
I understand that the purpose of the Kern County Human Services Housing Support Unit (HSU) is to assist me in achieving housing stability and that the Kern County Human Services Housing Support Unit (HSU) does not provide permanent supportive housing. I have read or had read or explained to me and understand this agreement. I understand that I must meet all my responsibilities and that there are penalties if I fail to meet my responsibilities. I understand that agreeing and consenting to the conditions listed in this agreement does not mean I have been enrolled into any specific housing program at this time and that my housing program eligibility will be determined at my intake appointment with my Housing Case Manager. I understand if I am found eligible and am enrolled into a housing program, the conditions of this agreement must be kept throughout my enrollment period.		
Head of Household Signature	Head of Household Printed Name	Date
Head of Household Phone Number	Head of Household Email	

<u>Section to be completed by County staff only</u>		
Head of Household Case Number	Head of Household CIN Number	Date Consent Received
HSU Staff Member Signature	Date processed	