

NEW MEXICO SPECIAL NEEDS HOUSING PROGRAM REFERRAL

& PRE APPLICATION FORM

(REVISED 10/2015)

<p>Receipt of</p> <p>Complete</p> <p>Application:</p> <p>Date and Time Stamp:</p>

Consumer/Applicant and Household Information

1. Consumer/Applicant name: _____

2. Date of Birth: _____ Last 4 digits of SSN: XXX-XX-_____

3. Contact Information: *Must be up to date at all times. Required for immediate communication*

Applicant Contact Information	Must Provide Emergency Contact Information for Applicant
Address:	Address:
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:

Note: The Services Provider/Agency is responsible for providing the services needed by the Applicant and to assist Applicant in completing this form:

The Information below is required for purposes of processing Special Needs Housing Unit referrals.

Provider/Agency Name:	Date Completed:
Referral Agency Point or Back-up person Printed Name:	Phonenumber:
Referral Agency Point or Back-up person <i>Signature</i> required:	Email

Referring Person (if not Services Provider/Agency)

Agency Name: _____

Contact Name: _____

Phone No: _____

Email: _____

4. Documentation of Disability or Homelessness must be provided by a licensed professional (caseworker, social worker, physician, etc.) that the Applicant qualifies for Special Needs housing unit based upon the following qualifying Special Needs disability:

Part 1: Eligible Target Populations for LIHTC Special Needs Set Aside Units (check one or more)

Homeless or Precariously Housed

A Household/individual is considered homeless or precariously housed if, without this assistance, he/she/ they would have to spend the night in a homeless shelter or in a place not meant for human habitation. This includes:

- Persons living on the street, in emergency shelters, or in transitional housing programs for the homeless;
- Persons with a legal eviction notice, or other similar legal circumstances in which they are to lose their housing imminently; and
- People with disabilities who are inappropriately living in an institution or other facility may be considered homeless if no other housing placement is available or appropriate.

Serious Mental Illness

Addictive Disorder (i.e., individuals in treatment and demonstrated recovery from a substance abuse disorder);

Developmental Disability (i.e., mental retardation, autism, or other disability acquired before the age of 22);

Physical, sensory, or cognitive disability occurring after the age of 22;

Disability caused by chronic illness (i.e., people with HIV/AIDS, who are no longer able to work);

Age related Disability (i.e., frail elderly, or, young adults with other special needs who have been in the foster care or juvenile services system).

Part 2: Eligible Target Populations for Section 811 PRA Units (check one or more)

Persons who are:

Serious Mental Illness

OR

Young adults between ages of 18 and 21 that meet the criteria for SMI and have been emancipated from foster care or are transitioning from the juvenile justice system.

AND

Homeless or **At risk of institutionalization**

Documented evidence of the Special Need, i.e. Diagnosis, SSI Disability Letter, etc. Documentation must attached and be from an individual or organization licensed or authorized to provide said documentation.

NOTICE: IF YOU HAVE A DISABILITY and need modifications that would help you live in the apartment unit, use the facilities, or, take part in programs on-site, you can request a Reasonable Accommodation or Modification from Property Management personnel. If you can show that you have a disability and the request is directly connected to that disability, we will try to make the changes you request.

You can get a **Reasonable Accommodation/Modification Request Form** in the property management office.

5. Disclosure of Criminal History

Have you /the Applicant ever been **convicted** of a Felony? Yes No If yes, what year? _____

Do you have either current, or pending criminal charges against any member of your household?

Yes No If yes, name of household member: _____

Note: The Applicant's household includes any member (also applies to persons under age 18 years) who has been arrested, or charged.

Where records reflect a past arrest without a final disposition and the crime would be a basis for rejecting the application, the applicant must provide proof the charge was dismissed for lack of evidence, adjudicated not guilty, or an alternative treatment was part of the adjudication process.

6. Total Number of household members (do not include live-in aides): _____ Number of live-in aides: _____

List all household members: including Sex, Age and relationship of each household member to the Applicant.

Name	Age	Sex	Relationship to Head of Household

Number of bedrooms desired: _____

Number of bedrooms required: _____

7. Household Income (list a sources of income)

A. **Cash Income:** please check all applicable sources of income and include the amount per month. Provide a description if appropriate; if the income belongs to a household member other than the Applicant, please note that in the Description field (Note: documentation will be required for all income sources) .

Have you received income from any source in the past 30 days?

Yes No Don't Know Refuse to Answer

Type Please provide a description where appropriate and Amount per Month

- Employment Income \$ _____
- Child Support Income \$ _____
- Social Security Disability \$ _____
- Supplemental Security Income \$ _____
- Social Security Retirement Income \$ _____
- TANF \$ _____
- Veteran's Pension \$ _____
- Veteran's disability payment \$ _____
- Unemployment Insurance \$ _____
- Alimony/other spousal support \$ _____
- Pension from a former job \$ _____
- Worker's Compensation \$ _____
- Private disability Insurance \$ _____
- Other sources on income \$ _____

B. Non-cash benefits: please check all applicable sources of non-cash benefits and services and include the amount per month. Provide a description if appropriate; if the assistance belongs to a household member other than the Applicant, please note that in the Description field.

Have you received non-cash benefits or services in the past 30 days?

- Yes No Don't Know Refuse to Answer

Type Description *(list names of each household member receiving the assistance)*

- Food Stamps (aka: SNAP) _____
- Medicaid _____
- Medicare _____
- WIC _____
- TANF child care services _____
- TANF Transportation services _____
- Other TANF funded services _____

- Children's Health Insurance Program _____
- VA Medical services _____
- Other Assistance source _____

8. What is the total Annual gross household income from all sources and all persons living in the household (earned income, social security, SSDI, retirement, government benefits, unearned income, etc.)?

9. Monthly \$ _____ ANNUAL \$ _____
 (Monthly Income must total Annual).

10. Indicate whether or not the household needs the following type of apartment:

- a. Handicapped Unit (wider doors, grab bars) Yes No
- b. Fully Accessible Unit (curb less shower) Yes No
- c. Visual/Audio Accessible Unit Yes No
- d. Ground floor unit necessary, if no elevator Yes No
- e. Does household has medical reasons for an extra bedroom Yes No

11. Applicant Acknowledgement

I have read the **Tenant Responsibility and Participation Agreement** and the **Pre-Tenancy Overview Information** and understand the expectations of being a good tenant and participant in the Special Needs Housing Program. I understand that my housing is contingent upon my compliance with these rules and regulations.

 Applicant's Signature Date

 Advocate/Provider Signature Date

 Participant Printed Name Date

 Provider Printed Name Date

New Mexico Behavioral Health Institute Community Based Services

700 Friedman Ave., Las Vegas, NM 87701
Phone (505) 454-5100, Fax (505) 454-5172

Authorization to Request/Release Information

This authorizes NMBHI/Community Based Services to request and/or release the following information from/to (Name and address of person/agency):

Regarding Consumer Name:

Date of Birth: _____ SS#: _____

The information requested is necessary information to support the consumer's application for Special Needs Housing and includes documentation in connection with the Special Needs Pre-Application Form, and the Special Needs Letter of Referral, and, information necessary to the determination and delivery of appropriate support services to ensure my successful and ongoing tenancy in a Special Needs housing unit.

The information to be disclosed is:

- () Information to document the qualifying Special Needs population disability
- () All Household Income and Non-Cash Government Benefits sources
- () Emergency Contact information related to my welfare
- () Criminal History or Activity to determine housing eligibility
- () Other: _____

I understand that the information to be released may include information regarding the following condition(s):

Initial () Chemical abuse and/or dependency Initial () AIDS-HIV testing

I understand that I have the right to examine and copy the information to be released. I also understand this authorization expires automatically in one (1) year from date on signature or on _____ and that, although I may withdraw this authorization at any time earlier, some information may already have been released. I have been told that information released from my records may not be given to people or agencies other than those named on this form without my permission (Section 34-2A-18 NMSA 1953).

_____ (Signature of Client)	_____ (Signature of Witness)
_____ (Date)	_____ (Signature of Representative)

If client is unable to sign, state reason: _____

This information is requested from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the request of medical or other information is not sufficient for this purpose. This information is protected both by the State (Section 34-2A-18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.

You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to the: Help New Mexico main office at 5101 Copper NE, Albuquerque, NM 87108. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my protected health information have already acted in reliance on this authorization.

Revocation Section

I hereby revoke this authorization.

Client Signature

Client Printed Name

Date

Crisis Response Plan and Contact Numbers

Date of Plan: _____

<u>TENANT INFORMATION</u>

Tenant Name _____

Apartment Name _____ Apartment No. _____

Apartment Address _____ City _____ Zip _____

<u>RESOURCE PHONE NUMBERS</u>

For Property Manager and Consumer in the event of Crisis

Referring Agency or Advocate Contact Person Name: _____ **(Print)**

Office Phone: _____ Emergency Cell Phone: _____

Personal /Family Member Name: _____ **(Print)**

Office Phone: _____ Cell Phone: _____

Local Lead Agency: _____

LLA Staff Name: _____ **(Print)**

Staff Office Phone: _____ Cell Phone: _____

TENANT RESPONSIBILITY AND PARTICIPATION AGREEMENT

Dated: 5.2.2012

CLIENT/APPLICANT NAME: _____ **(Please Print)**

REFERRING AGENCY NAME: _____

PROPERTY NAME: _____

I, _____, understand that if I am determined eligible for the Special Needs Housing program by the information I presented, and also selected via the Special Needs lottery process to be referred to a housing unit:

I will commit to meet my obligations as a tenant under New Mexico Uniform Owner-Resident Relations Act. I understand the Property Manager can establish their own property rules in addition to the rental lease provisions and that I as the Tenant must abide by those.

I will make Rent Payments on time: Rent is due the 1st of each month. If the Tenant does not pay the rent and the utilities for the property, the property manager will provide the appropriate notices and if I have not complied, the property manager will have the right to begin eviction by giving the tenant notice as outlined in New Mexico Owner-Resident Relations Act.

I will allow Monthly In-Home Apartment Visits: by my advocate or staff member of _____ (Referring Services Agency), or, the Local Lead Agency for the purposes of identifying any risks to my housing stability. During this site visit the tenant will participate in completing the Supportive Housing Monthly checklist (see attachment) and discuss any necessary follow up actions on the part of the tenant, advocate, provider or other partners.

I will keep my Crisis Response Plan and Contact Numbers (see attachment) up to date.

I will abide by the following tenant rules and regulations:

1. **Occupant:** Only the persons whose names appear on the lease agreement may live in this apartment or housing unit.
2. **Pets:** Pets may be allowed if this is consistent with the policy of the landlord.
3. **Damages:** The tenant is to notify property manager immediately of any repairs that are needed and will be required to pay for repairs of all damages (other than normal wear) they or their guests have caused, including, but not limited to windows, furniture, walls, appliances, bathroom fixtures, carpet, counters, light fixtures, etc.
4. **Cleanliness:** Participant will maintain the apartment at a level of cleanliness that meets health, safety and fire hazard standards.
5. **Violent Behavior:** Any violent behavior will be grounds for immediate termination from the program.
6. **Disturbing the Peace:** The Tenant agrees not to cause or allow on the premises any excessive nuisance, noise or other activity which disturbs the peace and quiet enjoyment of neighbors or other tenants in the

building or violates any state law or local ordinance. The tenant is fully responsible for all guest actions and behavior.

- 7. **Prohibited Use Of Premises:** The premises will not be used for any unlawful purpose whatsoever, including the manufacture or distribution of illegal drugs. Participants shall not bring or permit any other person to bring any weapon of any type, including, without limitation, guns and knives, (other than normal kitchen knives), into the dwelling.
- 8. **Building and Property Rules:** Tenant agrees to follow the terms and conditions of the Lease or Rental Agreement between the Landlord and Tenant. Tenant also agrees to abide by all Property rules and guidelines set by manager/owner of the building.

I acknowledge and understand the terms of this Agreement between _____(Referring Services Provider Agency) and myself and that my housing and my continued participation in the Special Needs program are contingent upon my compliance with this Agreement.

Applicant's Signature

Referring Services Agency Staff Signature

Applicant's Printed Name

Referring Services Staff Printed Name

DATE

DATE

Cc: Local Lead Agency
Special Needs Applicant
Referring Services Agency

Attachments: Supportive Housing Site Visit Checklist
Crisis Response Plan and Contact Numbers

By When: Date_____	If no, what are next steps: For consumer? For CSW (community support worker or case manager) ?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Is there a record or evidence [receipts, money order stub, etc.] of tenant's monthly rent and other related utilities [if not included with rent] being paid in a timely manner?
By When: Date_____	If no, what are next steps: For consumer? For CSW?
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Consumer Well Being: Does the tenant appear to be in good physical and mental health.
By When: Date_____	If no, what are next steps: For consumer? For CSW?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Are there any tenancy-related issues that may become a problem for the tenant? e.g. problems with other tenants/neighbors; lease violations; issues with the landlord or apartment manager.
By When: Date_____	If no, what are next steps: For consumer? For CSW?
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Has a complete Section 8 Voucher application been submitted to local housing authority(s) ?
By When: Date_____	If no, what are next steps: For consumer? For CSW? If yes, what is current status on Section 8 waiting list(s)? _____ Has consumer received a Housing Authority Section 8 waiting list purge/address update notice? <input type="checkbox"/> YES <input type="checkbox"/> NO

	When is next Section 8 waiting list purge anticipated by the housing authority? Date: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Are there any changes or new challenges since the last month's visit? Transportation Yes___ No___ Food Yes___ No___ Amenities Yes___ No___ Purchases/Losses Yes___ No___ Social Activities Yes___ No___ Unusual Events Yes___ No___ Police/Landlord visits Yes___ No___ Other Yes___ No___
By When: Date _____	If yes, what are next steps: For consumer? For CSW?
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Service or Treatment Plan Update: What progress has been made, or, new challenges developed (per above questions) that need to be addressed in the consumer's Service or Treatment Plan? 9a. Are there any changes to the names or phone numbers for Crisis Plan?
By When: Date _____	If yes, what are next steps: For consumer? For CSW? Crisis Plan Changes: Name: Phone Number:

Signatures:

Support Services Staff: _____

Printed Name: _____

Date: _____

Consumer: _____

Printed Name: _____

Date: _____

Forms for Local Lead Agency's Special Needs Applicant Files

- Applicant File Checklist (Note: Applicant files shall include items on this list)
- Attestation of Confirmed Special Needs Applicant Identity (Note: used to verify Social Security card and Drivers License (or Photo ID) presented by Applicant)
- Attestation of Homelessness (Note: for clients whose Special Needs Housing eligibility is based ONLY upon homelessness)

SPECIAL NEEDS HOUSING PROGRAM

APPLICANT FILE CHECKLIST (Dated 8.21.2013)

For SN Applicant:

___ **Special Needs (SN) Application Form** (all items completed and signed by Applicant and and
Referring Provider/Agency)

___ **Attestation of Confirmed Identity**

___ **Attestation of Homelessness** (for Applicants whose Special Needs Housing eligibility is based
ONLY upon Homelessness)

___ **Proof of Special Needs Disability** (Documented evidence of the Special Need, i.e. Diagnosis,
SSI Disability Letter, etc. from an individual or organization licensed or authorized to provide said
documentation)

___ **Proof of Income Amount and Sources**

Employment Check Stubs (6 months)

Social Security Award Letter (Supplemental Security Income/SSI or Social Security Admin /SSA)

Other: _____

___ **Release of Information** (signed by Applicant)

___ **Tenant Participation and Responsibility Agreement** (signed by Applicant)

___ **Commitment of Services Provision** (signed by Services Provider/Agency -- within
the Special Needs Application form)

___ **Crisis Response Plan with Contact Numbers**

___ **Applicant Data Entered into LLA Spreadsheet** (for all LIHTC properties qualified for)

After SN Applicant Accepted as Qualified:

___ **Client Data Input/Entered into LLA Spreadsheet**

Enter Date Qualified; Enter Lottery Number

___ **SN Letter of Referral sent to Property Manager**

___ **Proof of required monthly visits:**

i.e. Copies of Monthly Supportive Housing Checklists for each month

LETTER OF ATTESTATION OF CONFIRMED SPECIAL NEEDS APPLICANT
IDENTITY

(Letter is to be placed on Local Lead Agency or Services Provider Letterhead)

Date of Attestation: _____

To Whom It May Concern

Re: Attestation of Confirmed Identity

By this Letter of Attestation, I am attesting that the identity of this Applicant named:
_____ (Person's full name),

who was born on: _____ / _____ / _____ (birth day/month/year), and he/she
has presented to me **two** of the following valid and official documents of which one must be a
current picture identification document:

____ Government Issued Birth Certificate (original or certified copy)

____ U.S. Social Security Card issued by Social Security Administration

____ Drivers License or ID Card issued by a State with Photo

____ Voter's Registration Card

____ Native American Tribal Document with birth date (e.g. Certificate of Indian Blood)

This Attestation document will remain part of the Applicants file and will be considered proof of
the Applicant's identity for which the Local Lead Agency staff is responsible for in the
determination of eligibility of a Special Needs Applicant.

Signature of Local Lead Agency or Services Provider Staff Person

Print Name

Date

Contact Information for Local Lead Agency or Services Provider:

Name of Local Lead Agency or Services Provider (Printed)

Address

City, State, Zip

Phone Number (area code/ number)

LETTER OF ATTESTATION OF HOMELESSNESS OF SPECIAL NEEDS
APPLICANT

(For Applicants whose Special Needs Housing eligibility is based SOLELY upon homelessness)

Letter is to be placed on Services Provider or Local Lead Agency Letterhead

Date of Attestation: _____

To Whom It May Concern

Re: Attestation of Homelessness or Precariously Housed

By this Letter of Attestation, I am attesting that this Applicant named:

_____ (Person's full name),

and that he/she has demonstrated to me they meet at least one of the following conditions of being Homeless or Precariously Housed:

A Household/individual is considered homeless or precariously housed if, without this assistance, he/she/ they would have to spend the night in a homeless shelter or in a place not meant for human habitation. This includes:

- a) an individual or family which lacks a fixed, regular, and adequate nighttime residence;
- b) an individual or family which has a primary nighttime residence that: 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter, and transitional housing for persons with mental illness); 2) an institution that provides a temporary residence for individuals intended to be institutionalized, or previously institutionalized; 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or 4) individuals who are certified by their case manager as "doubling up", "couch surfing" or staying with another household of a relative or friend. The term does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or State law.

This Attestation document will remain part of the Applicants file and will be considered proof of the Applicant's homelessness status for which the Local Lead Agency staff is responsible for in the determination of eligibility of a Special Needs Applicant.

Signature of Local Lead Agency or Services Provider Staff Person

Print Name

Date

Contact Information for Local Lead Agency or Services Provider:

Name of Local Lead Agency or Services Provider (Printed) _____

Address: _____

City, State, Zip: _____

Phone Number (area code/ number) _____

Forms for Lease Up Processes between Local Lead Agency and Property Manager

- Applicant Proof of Eligibility and Letter of Referral to Property Manager [Vrsn 6.14.2012]
- Notice of Vacancy and Referral of Special Needs Consumer [Version 8.21.2013]
- Tenant Served 3, 7 or 10 Day Notice of Eviction [Version 10.2013]

New Mexico Special Needs Housing Program

Special Needs Applicant Proof of Eligibility and Letter of Referral to Property Manager

(Version 6.4.2012)

Instructions: The *Special Needs Housing Program* must serve persons who meet program regulations and eligibility. All programs must maintain documentation on file to prove an Applicant's eligibility. Note: This form is to be used as a guide for LLA and Property Management staff. It does not serve as a substitute for the required backup documentation that should be collected and maintained in each Applicant's file.

Date Referred to Property Manager: _____ / _____ / _____

Property Name: _____ **Applying for Apt Unit No:** _____

Applicant Name: _____

Applicant Contact Information: Phone: (____) _____

Cell Phone: (____) _____ **Email:** _____

Other Contact Person: Name: _____ **Phone:** _____

Proof of Eligibility for Special Needs Housing

____ Documented Verification of SN Disability

____ Applicant for Area Median Income Apartment: (30%) (40%) (50%) (60%) AMI %

____ Bedroom size: __ studio; __ 1; __ 2; __3

____ Commitment of Services Provision signed by Services Provider/Agency

____ Tenant Participation and Responsibility Agreement signed by Applicant

The Local Lead Agency staff making this referral attests that the Applicant named above is eligible and able to pay the rent for the income/size of apartment unit they are applying for; has received an orientation to tenant responsibilities; demonstrates housing readiness and skills for independent living; and, will have the sufficient support services to ensure he/she has a reasonable prospect for successful tenancy, based on the submission of the Support Services Commitment letter.

Signature of LLA Coordinator

Print Name

Date

LLA Contact: Email: _____ **Office Phone:** (____) _____

Cell Phone: (____) _____

NOTICE OF VACANCY & REFERRAL OF SPECIAL NEEDS APPLICANT
FOR LIHTC HOUSING UNIT **Version 8.21.2013**

Notice of Vacancy at LIHTC property: *[To be sent from Property Manager to LLA via Email Attachment or Fax]*

LIHTC Property Name: _____

Address: _____ City: _____

Property Management Company: _____

Printed Name of Property Manager: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Date Notice Sent to Local Lead Agency: ____/____/____

Date LIHTC Unit Vacancy Notice will Expire: ____/____/____ Time: 5:00 pm

Date Housing Unit will be ready for Occupancy: ____/____/____

Comments: _____

Area Median Income (AMI) Required: (30%) (40%) (50%) (60%) _____ AMI %

Bedroom size: studio 1 2 3

Signature of Property Manager: _____

Response from Local Lead Agency (LLA): *[To be returned to Property Manager from LLA via Email Attachment or Fax]*

Acknowledgement of Date Received by LLA: ____/____/____ Time: _____: _____ (AM/PM)

Printed Name of LLA Coordinator: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Attestation from LLA Coordinator of Special Needs Referral Status:

Referral Name(s) and Date(s) of each Special Needs Consumer by Local Lead Agency:

Name of Referral: _____ Date: ____/____/____;

Name of Referral: _____ Date: ____/____/____;

Name of Referral: _____ Date: ____/____/____;

Based upon a good faith effort by the LLA to recruit and screen Special Needs Applicants, there are no eligible Special Needs Applicants to refer for this housing unit identified above.

LLA Coordinator Signature: _____ Date: ____/____/____

Attachment for each Referral: Applicant Proof of Eligibility and Letter of Referral

**NOTIFICATION THAT RESIDENT WAS SERVED NOTICE
OF EVICTION (3, 7 or 10 DAY) FROM LIHTC PROPERTY [Version 10.2013]**

**This Section is completed by the Property Manager; Send to LLA via E-mail Attachment ONLY (do not fax).
Attachment: Copy of 7 or 10 Day Notice Served**

LLA Organization: _____ LLA Coordinator Name: _____
Date Sent to LLA Coordinator: _____ / _____ / _____ Time: _____ AM/PM

LIHTC Property Name: _____ Property Manager Name: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: _____ Fax: _____ E-mail: _____
Property Management Company: _____

Special Needs Resident Name: _____ Apartment No. _____

1st Notice(s) Served to Resident: (If applicable, attach a copy): 3 Day 7 Day 10 Day Other
 Notice of Non-payment of Rent Notice of Non-compliance other than Non-payment of Rent Other
Notice Date: _____ / _____ / _____ Time: _____ AM/PM

Type of Issue(s): _____
Date Notice Sent to Local Lead Agency: _____ / _____ / _____
Date Copy Sent to On-Site Services Coordinator (if applicable): _____ / _____ / _____

2nd Notice(s) Served to Resident: (If applicable, attach a copy): 3 Day 7 Day 10 Day Other
 Notice of Non-payment of Rent Notice of Non-compliance other than Non-payment of Rent Other
Notice Date: _____ / _____ / _____ Time: _____ AM/PM

Type of Issue(s): _____
Date Copy Sent to On-Site Services Coordinator (if applicable): _____ / _____ / _____

Signature Date Property Manager Title

This Section is completed by the Local Lead Agency

Date Received by LLA Coordinator: _____ / _____ / _____ Time: _____ AM/PM

Resident's Service Provider/Agency Name: (if applicable) _____
Date Resident's Services Provider/Agency date notified _____ / _____ / _____

Resolved: Yes No Comments: _____

LLA Coordinator

Signature _____	Date _____	Title _____
Printed name of LLA Coordinator: _____	Phone: _____	
E-mail: _____		