



OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE
PERMANENT SUPPORTIVE HOUSING (PSH) UNIT SUPPLEMENT

This form is mandatory for all projects that are required to maintain permanent supportive housing units.

Property Name: _____ Total Number of PSH Units: _____ Reporting Year: _____

THE OWNER HEREBY CERTIFIES THAT

1. There is a Memorandum of Understanding (MOU), contract for services, or other written agreement between the project and a supportive services provider describing the nature and delivery of supportive services provided to households of supportive housing units. True False N/A If true, attach a copy of the agreement. If false, attach an explanation.

2. Data for households in supportive housing units, including move-ins and move-outs, is recorded in the Homeless Management Information System (HMIS). True False N/A If false, attach an explanation and supporting documentation.

3. Supportive services were offered on site to each PSH household on a monthly (or at least quarterly) basis. True False N/A If false, attach an explanation and supporting documentation.

4. All PSH unit vacancies were filled utilizing the coordinated entry system. True False N/A If false, attach an explanation and supporting documentation.

PROVIDE THE FOLLOWING INFORMATION AS OF DECEMBER 31ST OF THE REPORTING YEAR

Total number of vacant days for PSH units: _____ days
The total vacant days for PSH units are the number of days all permanent supportive housing units were without tenants over the course of the reporting period.

Number of evictions or early exits from supportive housing: _____
Add the number of PSH unit households that were formally evicted and those that left the property due to early lease cancellation or termination to avoid eviction during the reporting year.

PLEASE INDICATE AND EXPLAIN ANY NEED FOR TECHNICAL ASSISTANCE OR TRAINING TO MORE SUCCESSFULLY OPERATE SUPPORTIVE HOUSING AT THIS PROPERTY

Empty box for technical assistance or training information.

Printed Name Title Ownership Entity

Signature Date

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.