



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: _____

- 1. There is an active Memorandum of Understanding (MOU) between the project and a supportive services provider...
2. Data for households in supportive housing units, including move-ins and move-outs, are recorded in the Homeless Management Information System (HMIS)
3. Supportive services were offered on-site to each PSH household on a monthly (or at least quarterly) basis.
4. Owner/Agent utilized the Coordinated Entry system to fill all PSH unit vacancies.

Provide the following information as of December 31st of the reporting year:

Total vacant days for PSH units: _____ days

The total vacant days for PSH units is 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 rectangular box for technical assistance or training details.

Printed Name

Title

Owner Entity

Signature

Date