# **APPENDIX T**

# **Certification to Create Rental Units for Chronically Homeless Persons**

Project Name:	
Address:	
City:	
Proposed # units-total:	
Proposed # units-targeted for chronically homeless:	
Service Provider:	
This certification acknowledges the intent of the Applicant, Tax Credits (HTCs) from WHEDA and to create a developme individuals or families under WHEDA's Supportive Housing	ent primarily for chronically homeless
The Developer/Applicant, Service Provider and Property M	anagement Agent agree:
<ul> <li>Applicant intends to develop rental housing for the the total units). See definition on page three.</li> <li>To notify the appropriate Homeless Continuum of targeted units during lease up and continuing throe Compliance Period. The Homeless Continuum of Caappropriate local agencies to help find qualifying prepresentative shall be referred to the management.</li> </ul>	Care Lead Contact person of all vacant ugh the 15 Year Housing Tax Credit are Lead Contact person shall contact ersons. Those persons and/or their agent.
<ul> <li>To cooperate with Homeless Continuum of Care Leand make reasonable accommodations for persons</li> <li>The targeted units/residents will receive a rental sum.</li> <li>The Homeless Continuum of Care Lead Contact list proposed service provider and proposed service pl</li> </ul>	s with disabilities as required under the law. ubsidy from a government entity. ed below supports the project, including the
This letter must be signed by all parties below.	
Applicant/Developer	 Date
Service Provider	Date
Property Management Agent	Date
Homeless Continuum of Care Lead Contact	 Date

Check the appropriate item below:	
	Initial LIHTC Application
	Final (8609) LIHTC Application

### **WHEDA HTC Supportive Housing Set Aside**

Developments under this Set Aside must be intended for 1) chronically homeless persons, or 2) those persons prone to homelessness. These terms are described below:

## 1) Chronically Homeless

Both of the following 2 statements must be true:

#### Statement #1:

The individual or family – with at least one adult diagnosed with a disabling condition.

The disabling condition is defined as:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; and
- The impairment is expected to be long-continuing or of indefinite duration; and
- Substantially impedes the individual's ability to live independently; and
- Could be improved by the provision of more suitable housing.

## A developmental disability defined as:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments; and
- Is manifested before the individual turns 22 years of age; and
- Is likely to continue indefinitely; and
- Results in substantial functional limitations in three of more of the following areas of major life activity:
  - Self-care, receptive and expressive language, learning, mobility, selfdirection, capacity for independent living, or economic self-sufficiency
  - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individual supports, or other forms of assistance that are lifelong or extended duration and are individually planned and coordinated.
  - Acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS, including infection with the human immunodeficiency virus (HIV).

## Statement #2:

The individual or family has been continuously homeless for at least one year or longer, or, the individual or family has had four episodes of homelessness in the past three years

Each homeless episode must be one of the following:

- A place not meant for human habitation (car, park, tent, etc)
- Emergency Shelter
- Hotel/Motel paid for an agency/organization

2) Persons prone to homelessness
Individuals or families who are prone to homelessness, or at imminent risk of homelessness due to discharge from an institution, or at imminent risk of homelessness due to aging out of foster care.

## **Homeless Continuum of Care Lead Contact**

Racine

Gai A. Lorenzen Legal Action of WI, Inc. 4900 Spring Street; Suite 100 Racine, WI 53406

Phone: 262.635.8836 OR Cell: 414.573.9913

glorenzen@haloinc.org

Madison

Torrie Kopp Mueller
CoC Coordinator, Homeless Services Consortium
City of Madison
Department of Planning and Community & Economic Development
30 West Mifflin Street; Suite 800
Madison, WI 53703-2579
608-266-6254
TKoppMueller@cityofmadison.com

Milwaukee

Steven L. Mahan, Director
Milwaukee Community Development Grants Administration
200 East Wells Street
City Hall, Room 606
Milwaukee, WI 53202
414-286-3842
Steven.Mahan@milwaukee.gov

Balance of State

Carrie Poser, COC Director PO Box 272, Eau Claire, WI 54702

Office: 715-598-3301 carrie.poser@wibos.org