Wisconsin 2025-26 Qualified Allocation Plan
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/Developer to seek an allocation of Housing Tax Credits (HTCs) from WHEDA and to create a development with units designated for chronically homeless individuals or families.

The Developer/Applicant, Service Provider and Property Management Agent agree:

- Applicant intends to develop rental housing with units designated for the chronically homeless. See definition on page three.
- To notify the appropriate Homeless Continuum of Care Lead Contact person of all vacant targeted units during lease up and continuing through the 15 Year Housing Tax Credit Compliance Period. The Homeless Continuum of Care Lead Contact person shall contact appropriate local agencies to help find qualifying persons. Those persons and/or their representative shall be referred to the management agent.
- To cooperate with Homeless Continuum of Care Lead Contact person placing qualifying persons and make reasonable accommodations for persons with disabilities as required under the law.
- The targeted units/residents will receive a rental subsidy from a government entity.
- All The Homeless Continuum of Care Lead Contact listed below supports the project, including the proposed service provider and proposed service plan.

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

Eligibility Criteria for Chronically Homeless

Developments must include units 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, self-direction, 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 City & County
Yvonne MacDonald-Hames
Executive Director, Racine Continuum of Care
2000 DeKoven Avenue Unit 1
Racine, WI 53403
Phone: 262-633-3235
Email: racinecocorg@gmail.com

Madison & Dane County
Torrie Kopp Mueller
CoC Coordinator, Homeless Services Consortium
City of Madison, Department of Planning and Community & Economic Development
Madison Municipal Building, Suite 300
215 Martin Luther King, Jr. Boulevard
Madison, WI 53703
Phone: 608-266-6254
TKoppMueller@cityofmadison.com

Milwaukee City & County
Mr. Rafael Acevedo, COC Manager
City of Milwaukee
200 East Wells Street
Milwaukee, WI 53202
Phone: (414) 286-3647
Email: Rafael.J.AcevedoJr@milwaukee.gov

Balance of State
Carrie Poser, COC Director
PO Box 272,
Eau Claire, WI 54702
Office: 715-598-3301
carrie.poser@wibos.org