



P.L.A.C.E. APPLICATION FOR PARTICIPATING AGENCY

1. General Agency Information

Applicant Organization: _____

Program/Project Name (if applicable): _____

Person completing application: _____ Date: _____

Agency's contact person for PLACE: _____

Phone #: (____) _____ - _____ Email: _____

Agency Address:

Street _____ City _____ State _____ Zip _____

Minimum Requirements for PLACE Participating Agencies:

1. Agency must designate one point-of-contact to oversee P.L.A.C.E participation for agency (including all programs/projects that may participate).
2. Agency must send a representative to required P.L.A.C.E. meetings and trainings.
3. Ensure clients meet these P.L.A.C.E. eligibility criteria before referring clients for housing:
 - a. Veteran (eligible for SSVF and VA Health Care) OR
 - b. Chronically Homeless individual or family OR
 - c. 1+ significant rental barrier OR
 - d. COSA NHSD Approval Referral
4. P.L.A.C.E. Agencies must ensure the following for the approved client:
 - a. Ensure client is not a convicted sex offender
 - b. Work with eligible clients on an individualized goal plan to address issues that led to their barriers to accessing and retaining housing.
 - c. Offer monthly onsite case management / home visits for the duration of the one (1) year lease contract between client and property manager.
 - d. Review lease agreements with clients to help clients fully understand tenancy responsibilities.
 - e. Before and/or during tenancy, provide trainings in budgeting and money management, being a responsible tenant, understanding leases, and potential legal issues.
 - f. Provide client supportive services and resources as needed with the goal of long-term self-sustainment in housing.
5. Submit a P.L.A.C.E. Client Enrollment Request Form to SARA and receive Approval for each individual client.
6. Help client identify which properties they want to apply to for housing.
7. Submit a signed lease/rental agreement and Move-In Condition Report to SARA within 14 days of client rental move-in.
8. Submit reports to SARA monthly regarding P.L.A.C.E clients and claims.
9. Respond to concerns from landlords, property managers and/or SARA within two business days. Inform SARA if issues between landlord and client or landlord and agency arise. Work with SARA to mediate issues that may lead to eviction and develop alternatives to eviction.



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As the administrator of the P.L.A.C.E. Program, SARAH will:

1. Participate in HMIS and enter all P.L.A.C.E. clients into the local HMIS system (*domestic violence agencies should consult with SARAH as special rules apply).

For Holding Fees:

2. Provide funds to rental housing providers to utilize as "holding" fees up to \$600.00

For Property Damages:

3. Review documentation provided by both agency and property manager to ensure fair assessment of property damages.
4. Process claims for eligible property damages up to \$500 (minus security deposit).
5. Evaluate and approve claims for property damages above \$500.00 but not exceeding \$1,500.00 (proof of damages required)
6. Ensure funds (once approved) are disbursed to rental housing providers within 3-5 business days.

Required Application Questions:

A. Describe the support services that your agency provides. Include information on the typical frequency of client contacts (monthly contact required for P.L.A.C.E.).

B. What assistance does your agency currently provide to help clients with screening fees, security deposits, and other move-in costs, as well as eviction prevention assistance? What resources do you use?

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Agency Certification

By signing below, _____ ("Agency") confirms that all information provided above is true and correct. Agency understands that all the responsibilities contained in Section 2 are the minimum responsibilities for an agency to participate in and refer clients for housing through PLACE. Agency understands that it may not refer clients for housing through PLACE or represent itself as a PLACE Participating Agency until SARAH (PLACE Administrator) has notified Agency of its approval as a PLACE Participating Agency. If at any time Agency becomes unable to provide the services listed in Section 2 above, then Agency shall immediately notify SARAH. Agency's inability or failure to meet the responsibilities detailed in Section 2 may result in Agency's disqualification as a PLACE Participating Agency. Disqualified agencies may not refer clients for housing through PLACE or take advantage of other PLACE benefits for their clients.

(Insert name of authorized representative)
(Insert agency)

Date

Please return this form to:

Eboni Jett, Director of Systems
South Alamo Regional Alliance for the Homeless • 4100 E. Piedras, Suite 105
San Antonio, TX 78228

If you have any questions, please email

CE@sarahomeless.org.

For PLACE administrative use only

Application for Approval was received on _____ via fax mail email

Approved as PLACE Participating Agency effective _____ Notified on: _____

Not approved as PLACE Participating Agency Notified on: _____

Comments:

Signature

Date