

# **Landlord Liaison Project**

**King County, WA**

**Step by Step Process**

**Forms & Applications**

**May 2015**

**Formatted for Double Sided Printing**







## United States Interagency Council on Homelessness

*No one should experience homelessness. No one should be without a safe, stable place to call home.*

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# Landlord Liaison Project

The Landlord Liaison Project of King County, Washington, creates incentives for landlords to relax screening criteria for people experiencing homelessness who have barriers to accessing permanent housing. Incentives include a rapid response to concerns, access to a 24-hour call-in line, and risk reduction funds to cover damages that exceed security deposits. Tenants are connected to ongoing case management from human service agencies for at least one year to ensure stability. Launched in 2009, the program is managed by the area YWCA and is funded through a consortium of county, city and philanthropic agencies.

### Problem or Challenge:

People transitioning from homelessness often cannot access permanent housing because of poor credit, a prior eviction, previous involvement with the criminal justice system, or other issues, even if they have a housing voucher or sufficient income to pay rent.

The Landlord Liaison Project (LLP) provides a link between households experiencing homelessness and landlords with vacant rental units. It offers individuals and families help with accessing permanent housing, signing leases, and moving into apartments. At the same time, it offers private sector and nonprofit landlords some financial guarantees and a rapid response to their concerns.

LLP expands housing options for people facing homelessness by expanding access to existing private rental housing as an alternative to building new units, which requires funding for capital and operating costs. This is a key strategy of the county's Ten Year Plan to End Homelessness, which recognizes that the county does not have the capacity to build all of the housing needed to solve homelessness.

### Solution:

Developed by the county's Committee to End Homelessness and initially tried out as a six-month pilot, the LLP acts as a private housing broker for homeless service agencies. It recruits and signs up landlords, locates available units for people referred by participating service agencies, and works to resolve any problems. If a problem arises, the landlord can either call the tenant's case manager or the project's 24-hour phone number.

The project's primary strategy is to create incentives for landlords to relax screening criteria for people who are experiencing homelessness and have barriers that prevent the household from securing housing on their own. To convince landlords to take the risk of renting to people they might otherwise reject, the project offers an "insurance" of sorts: the commitment of services by a local service agency, and a Landlord Risk Reduction Fund, which reduces landlord exposure to excess damage costs or nonpayment of rent. The Risk Reduction Fund includes funding from King County, the City of Seattle, and United Way.

LLP is delivered by a staff of close to six FTEs, which includes a program manager, three housing specialists, a housing education specialist, and support staff. The LLP staff-to-client household ratio for 2009 was 1:24. This is likely to increase as the program expands. LLP staff provide outreach and engagement with landlords; provide direct assistance to clients to find appropriate housing (in partnership with the client's case manager); maintain relationships with the landlords and service provider partners; and administer rental assistance funds to pay for move-in costs, time-limited rental payments to landlords, and eviction prevention funds. Additionally, LLP staff members oversee charges to the Risk Reduction Fund.

LLC staff members do not provide case management services, and the program does not provide long-term rental subsidies – these must be accessed through referring service provider agencies or other programs or resources in the community.

### Implementation Steps/Tips:

LLC serves three main constituencies in pursuit of its goal of increasing access to housing for people experiencing homelessness: clients (tenants), landlords, and partnering service agencies.

### Support to Tenants

To participate in LLP, a household must be referred by a partnering agency. LLP assists participants with housing

search, move-in costs and short-term rental assistance, eviction prevention, tenant trainings, and mediation with landlords. In case of a crisis where the tenant is unable to pay rent, eviction prevention funds are available for two years after move-in, on an as-needed basis. LLP staff works with the referring agency to formulate a plan to address the tenant's underlying housing issues.

#### Support to Agencies

LLP partners with human service agencies to help obtain and maintain housing for their clients who are experiencing homelessness. The agencies often have relationships with landlords themselves, but for those households with many rental barriers, the LLP may be the fastest and best way to help the household secure housing.

To join as a participating agency in LLP, an agency completes an agency application form. Once the agency is approved, the agency's case managers meet directly with LLP staff or attend an agency orientation. The orientation covers partner expectations, the client application process, financial assistance forms, tenant education opportunities, and other program questions. Partnership agreements with the LLP clarify roles and set expectations regarding the level and quality of services to be provided to tenants in housing.

The agency's case manager completes a client application form with a client and submits it to the LLP. The case manager is notified when the application is approved or denied. LLP staff works collaboratively with the case manager to create a housing plan for the client. This may include direct referrals to landlords with current vacancies or direct housing search support from LLP staff.

Once the client's rental application is approved by the landlord, the case manager and client schedule a move-in date. The case manager works with the landlord and client to determine move-in costs, attends the lease signing and walk-through inspection with the client and landlord, and sends move-in documents to LLP.

Each participating agency is expected to provide ongoing support services to the tenant. This includes monthly home visits during the first year of tenancy. The agency is also expected to respond to landlord concerns within two business days of a complaint. An agency referring clients with ongoing support needs (beyond the one year requirement) must provide a clear plan for long-term case management services for the clients.

#### Support to Landlords

LLP reaches out to recruit landlords who have vacancies they want to fill and who are willing to rent to people with rental barriers. The landlord and the LLP housing support specialist negotiate screening criteria, which must comply with fair housing laws, to allow LLP clients to access their rental units. Some examples of such screening criteria include allowing for up to two evictions in the past three years; allowing up to 75 percent bad credit in a total amount of up to \$7,500; and, allowing for appeals and consideration of extenuating circumstances if housing applicants might otherwise be denied because of non-violent felony convictions within the last year or non-sexual, violent felony convictions within the last 10 years.

The landlord and LLP then enter into a LLP partnership agreement. Under the agreement, the LLP agrees to offer the landlord the following benefits:

- Tenants who are ready to succeed in housing;
- Guaranteed response to landlord concerns within two business days;
- During the first year of tenancy, intensive support services including monthly service provider visits to LLP tenants' homes, and eviction prevention assistance if tenants encounter financial difficulties;
- During the first and second years of tenancy, LLP provides ongoing training for tenants about rental responsibility, continuing support services for tenants, and damage claim coverage for landlords if physical damage is done to their units.

The landlord informs LLP of available units on an ongoing basis. When the LLP provides the landlord with a client referral, the landlord applies the agreed-upon screening criteria, and notifies the participating agency whether the applicant is approved or denied. If the applicant is denied, the landlord may receive and consider an appeal letter from the agency. If the tenant is accepted, the landlord, agency and client meet at the unit to sign a rental agreement and participate in a move-in inspection. The landlord sends a copy of the lease and move-in inspection to LLP.

The landlord receives a confirmation of housing letter from LLP and is then granted access to a 24-hour LLP hotline. The landlord may submit a risk reduction fund claim form to LLP for any damages (over and above the original damage deposit) that occur within the first two years of tenancy. The LLP housing support specialist meets with the landlord annually to evaluate the partnership agreement.

**Outcomes/Results:**

As of the end of 2011, LLP had housed 885 households since the program's inception in 2009.

The County conducted an initial evaluation of the project in 2010. The project was found to be highly successful over its first 10 months (March-December 2009). Among the findings:

- 73 landlords/property management companies signed on as partners with LLP by the end of 2009. This allows access to 159 rental properties in the community, ranging from large, multi-apartment complexes to single family homes. 85 percent of landlords report they would not have rented to this population without the LLP. Landlords rate the financial guarantees of the LLP as most important to their participation.
- LLP placed 147 households in permanent housing. About half have a criminal background. Another quarter of the households have very poor rental histories. The remaining households report other barriers to renting, such as poor credit or drug or alcohol problems.
- 96 percent of LLP client households retained their housing six months after moving in.

**Some Lessons Learned**

- As tenants reach the end of their one year of case management, the LLP team is called upon more and more to intervene in order to prevent loss of housing, as it is usually the first line of response when a problem arises. Adequate, flexible support service funding to ensure the provision of case management services for two years instead of one would mitigate this problem.
- Limited rental subsidy availability is a key limit to LLP capacity. Additionally, some subsidies are not deep enough and do not last long enough to make private market units affordable long term.

**Contact Info for Follow-up:**

Landlord Liaison Project website: [www.landlordliaisonproject.org](http://www.landlordliaisonproject.org). This includes links to the program FAQ sheet and forms, including the Landlord Participation Agreement and Screening Process and Criteria Agreement.

**Related Profiles:**

Promising Practice: Streamlining Access to Housing

Promising Practice: Housing Stabilization Supports

Model Program: HomeStart



# King County, WA Landlord Liaison Project

## Landlord Information Page

<http://www.landlordliaisonproject.org/landlords.html>

# LANDLORD LIAISON PROJECT

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For Agencies

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## LANDLORDS

Are you willing rent to households who have rental barriers such as a past eviction, criminal background, or bad credit often due to extenuating circumstances such as an illness, divorce, or another unfortunate situation? If so, have you considered partnering with the Landlord Liaison Project?

### Benefits of LLP:

- Assistance to help fill your vacant units
- House homeless tenants who are eager to succeed and have support from local agencies to help them do so
- Ability to access limited financial assistance in case an LLP tenant damages a unit beyond the security deposit, falls behind in rent, and/or breaks a lease prematurely
- Access to a 24-hour LLP hotline for after hours help with tenant issues
- Receive rapid response to concerns by LLP partnering agencies
- Monthly home visits will be conducted by the tenant's case manager
- FREE trainings and other helpful resources

### Getting Started:

- [Click here](#) to view the Step by Step Application Process

### Forms Available Online:

- ✓ [Fair Housing and the Landlord Liaison Project](#)
- ✓ [Fair Housing and LLP Questions and Answers](#)
- ✓ [Landlord Partnership Agreement](#)
- ✓ [Property Details Form](#)
- ✓ [Screening Criteria – Long version](#)
- ✓ [Screening Criteria – Short version](#)
- ✓ [W9](#)

\*Please Contact LLP for Risk Reduction Claim Form, Risk Reduction Fund Guidelines, and Schedule of Charges



**The Landlord Liaison Project helps to house individuals and families who:**

- ✓ Are homeless
- ✓ Have rental barriers
- ✓ Will receive education and support services to be successful tenants



# King County Landlord Liaison Project

## Step by Step Process for Landlords

[http://www.landlordliaisonproject.org/landlords\\_steps.html](http://www.landlordliaisonproject.org/landlords_steps.html)

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### Step by Step Process for Landlords

1. Landlord meets with a LLP Housing Support Specialist to discuss the details of the program.
2. The Landlord and the LLP Housing Support Specialist negotiate [screening criteria](#) to allow LLP clients with barriers to access their rental units.
3. Landlord completes and signs an [LLP Partnership Agreement](#) and submits a [W9](#) and [Property Details Form](#) to LLP for approval. Landlord will be notified about its partnership status with LLP.
4. Once approved, Landlord informs LLP of available units (ongoing).
5. Landlord receives a client referral from LLP and applies agreed upon screening criteria.
6. Landlord notifies LLP Participating Agency whether the applicant(s) are approved or denied. If the applicant is denied, the Landlord may receive an appeal letter from the Agency.
7. If the tenant is accepted, the Landlord, Agency and client meet at the unit to sign a rental agreement and participate in a move-in inspection. Landlord sends a copy of the lease and move-in inspection to LLP.
8. Landlord receives Confirmation of Housing Letter from LLP and is granted access to a 24 hour LLP hotline.
9. Landlord may submit a Risk Reduction Fund Claim Form to LLP for any damages (over and above the original damage deposit; that occur within the first two years of tenancy).
10. LLP Housing Support Specialist meets with the Landlord annually to evaluate the partnership agreement.



**LANDLORD LIAISON PROJECT**   
**LANDLORD PARTNERSHIP AGREEMENT**

**Overview**

\_\_\_\_\_ (insert landlord/ property management company) agrees to partner with YWCA of Seattle, King County, Snohomish County and approved Landlord Liaison Project Participating Agencies to extend housing opportunities for homeless individuals and families as part of the King County Landlord Liaison Project (LLP).

As part of a partnership under the Landlord Liaison Project, YWCA (as LLP Program Administrator) and/or approved LLP Participating Agencies will offer landlords/property managers the following benefits:

- Tenants who are ready to succeed in rental housing
- Guaranteed response to landlord concerns within 2 business days
- During the first year of tenancy:
  - Intensive support services including monthly service provider visits to LLP tenants' homes
  - Eviction prevention assistance if tenants encounter financial difficulties
- During the first *and* second years of tenancy:
  - Ongoing rental responsibility and money management training for LLP tenants
  - Continuing support services for LLP tenants
  - Damage claim coverage for the landlords if physical damage is done to their units

In exchange, landlords/property managers agree to apply alternative screening criteria, which still comply with fair housing laws, to the applicants who are receiving support services.

**Partnership Expectations**

\_\_\_\_\_ (insert landlord/ property management company), LLP Participating Agencies, and YWCA agree to use their best efforts to meet the expectations set out below:

**Expectations of LLP Participating Agencies:**

1. Prior to referring clients for tenancy under LLP, LLP Participating Agencies will have worked closely with the clients to conduct preliminary evaluation, individualized goal plan development, and rental and financial management training. The LLP Participating Agencies will help the clients to develop goal plans to address any issues or problems identified in this assessment so that the clients will be successful in their tenancies.
2. When referring a client for tenancy under LLP, the LLP Participating Agency may send a LLP Referral Letter to the landlord describing (depending on the client's Release of Information) the barriers that the client faces related to the screening criteria and steps that have been and will be taken to address these barriers.
3. LLP Participating Agencies will ask each LLP client to sign a Release of Information to allow the landlord/property manager to share information regarding the client's application status and other housing-related information with the referring agency and YWCA. The referring

agency will strive to supply the landlord/property manager with a copy of this Release at the point of referral.

4. LLP Participating Agencies will provide ongoing support services, individual goal planning, coordination with other community services such as job training and placement and literacy development, referral to community resources, and money management assistance to the referred LLP clients for at least the first year of their tenancies. Throughout the first year of the clients' tenancies, LLP Participating Agencies commit to meeting with LLP clients at least once a month in their rental units.
5. Each LLP Participating Agency will have an identified, assigned staff member for the landlord/property manager to contact regarding any issues that arise concerning the referred clients. LLP Participating Agencies will respond to the landlord/property manager's calls within two business days.
6. LLP Participating Agencies will help their LLP clients to develop plans to address any issues that arise related to their tenancies.
7. Though LLP Participating Agencies are committed to providing ongoing support services to each LLP client they refer for at least the first year of the client's tenancy, extraordinary circumstances may arise where the case management cannot continue. In such situations, the landlord/property manager may continue to contact the referring LLP Participating Agency and/or YWCA with any issues or concerns.
8. LLP Participating Agencies will actively encourage ongoing feedback from the landlord/property manager regarding the services being provided to the landlord/property manager through this partnership. LLP Participating Agencies commit to using the feedback from this evaluation process to improve their performance of LLP responsibilities and become even better partners with landlords/property managers.

**Expectations of YWCA (LLP Program Administrator):**

1. YWCA will certify service providers in King County as LLP Participating Agencies. As part of the certification process, YWCA will confirm that such service providers can meet all of the expectations laid out in this agreement. YWCA then will monitor the performance of all LLP Participating Agencies and only maintain the certification of service providers that continue to meet these expectations.
2. YWCA is available to address any concerns that the landlord/property manager has regarding LLP, including any client or agency participating in the program.
3. Landlords/property managers will be given a 24-hour call number, staffed by YWCA, to call if problems or issues arise related to LLP tenants.
4. YWCA will contact the landlord/property manager regularly to ensure successful tenancies for the referred LLP clients and to maintain an effective partnership with the landlord/property manager.
5. YWCA will oversee the LLP Risk Reduction Fund which will cover damages caused by LLP tenants within the first two years of their tenancies. YWCA will verify and process all

damage claims submitted and pay landlords for legitimate damages using the LLP Risk Reduction Fund, in accordance with Risk Reduction Fund Guidelines.

6. YWCA will actively encourage ongoing feedback from the landlord/property manager regarding the services being provided to the landlord/property manager through this partnership. YWCA commits to using feedback to improve the performance of LLP and become even better partners with landlords/property managers.

### **Expectations of \_\_\_\_\_**

(insert landlord/property management company):

1. The landlord/property manager will use the agreed-upon Landlord Liaison Project Screening Process and Criteria in reviewing referred clients' applications for tenancy. The Screening Process and Criteria can be modified through discussion and agreement between YWCA and the landlord/property manager.
2. The landlord/property manager will strive to give the referring LLP Participating Agency a copy of the unsigned lease/rental agreement and house rules before or during the application process so that the referring agency can review the rental rules and responsibilities with the client. The landlord/property manager also will provide YWCA and the referring agency with a copy of the signed lease/rental agreement, any house rules and the completed Move-In Condition Report, signed by the landlord, referring LLP Participant Agency (or YWCA), and tenant, within 14 days after the LLP tenant moves in. Additionally, the landlord/property manager will send YWCA and the referring agency a copy of any changes to the lease/rental agreement and any house rules at the same time that the tenants are notified of the changes.
3. The landlord/property manager will provide those LLP clients referred through LLP Participating Agencies with housing that is affordable and well maintained over the length of the clients' tenancies.
4. The landlord/property manager will communicate orally and/or in writing with the referring LLP Participating Agency and/or YWCA when problems arise with the referred LLP clients. Problems may include issues raised during the application process (i.e. incomplete information or failure to meet screening criteria) or during tenancy. Specifically, the landlord/property manager commits to notifying the referring LLP Participating Agency and/or YWCA in the event of: 1) issues that may lead to a written notice to the tenant, 2) any type of written notice to the tenant, 3) late payment of rent, 4) any other issues or action that may affect the continuation of tenant's tenancy, and 5) awareness of any potential or actual damage to the rental unit. The goal is to communicate with the LLP Participating Agency and/or YWCA and work together to resolve issues before moving towards an eviction and/or any action that may jeopardize the LLP tenant's housing.
5. The landlord/property manager will quickly notify YWCA and the LLP Participating Agencies when issues arise and work closely with them to prevent damages. If damages occur despite early interventions, the landlord/property manager will follow the LLP Risk Reduction Fund Guidelines in seeking reimbursement from YWCA for damages caused by LLP tenants. The landlord/property manager will submit a LLP Risk Reduction Fund Claim Form within 14 days of discovering damage or loss or, if the LLP tenant has moved out, within 14 days of the tenant's move out date.

6. The landlord/property manager will communicate orally and/or in writing with YWCA whenever any issues or concerns arise regarding this partnership. The goal is to strengthen this partnership and provide an opportunity for correction and improvement before moving towards any action that may jeopardize this Partnership Agreement.
7. Every year that this Partnership Agreement is in place, the landlord/property manager and YWCA will provide mutual feedback on this partnership.

**Termination of this Agreement**

This Agreement is hereby effective as of \_\_\_\_\_ (insert date). This agreement applies to all clients referred by YWCA and/or LLP Participating Agencies as part of the Landlord Liaison Project to housing owned and operated by \_\_\_\_\_ (insert landlord/property management company) until the Partnership Agreement has been terminated.

This Partnership Agreement may be terminated or suspended by either the landlord/property manager or YWCA upon the intentional or negligent noncompliance by the other party with any of the listed expectations. Termination shall be effected by written notice from one party to the other, and shall be effective immediately upon notice, or at a later date specified in the notice. This Agreement also may be terminated at the discretion of either party upon 30 days written notice to the other party.

\_\_\_\_\_  
 Mona Tschurwald, Landlord Liaison Project Manager  
 YWCA of Seattle • King County • Snohomish County

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Insert name and company of landlord/property manager)

\_\_\_\_\_  
 Date

To submit this form, please mail or fax it to the Landlord Liaison Project. Please feel free to contact the LLP with any questions or concerns.

**Landlord Liaison Project | 4800 South 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188  
 Phone: 206-336-4601 | Fax: 206-336-4604**



Please fill out one form for each property listed with the LLP

Property Location

Property Name (if applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Neighborhood/Area: \_\_\_\_\_

For Administrative Use HA: SHA RHA KCHA EKCHA

Property Details

Property Type: House Townhouse Apartments Other \_\_\_\_\_

# of Units at Property: \_\_\_\_\_ Unit Types: Studio 1br 2br 3br 4br 5br+

Property Features: Laundry in unit Laundry room Dishwashers  
Parking Pool Yard  
Close to transit Close to shopping Other \_\_\_\_\_

Accessibility: Do you have wheelchair accessible units? Yes No If so, how many? \_\_\_\_\_

Smoking: No smoking on the property Smoking outside only Smoking is OK in units

Payment Information

Make Checks Out To: \_\_\_\_\_

Mail Checks To: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Deposits and Fees: How much do you charge for screening or application fees? \$ \_\_\_\_\_

How much do you charge for move-in deposits or fees? \$ \_\_\_\_\_

For Administrative Use Rents: Above FMR At FMR Below FMR

Contact Information

Management Company (if applicable): \_\_\_\_\_

Property Landlord/Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Best Way to Reach You: Phone Email Mail Other \_\_\_\_\_



**SCREENING PROCESS AND CRITERIA**

**Screening Process**

\_\_\_\_\_ (insert landlord/property management company) agrees to partner with YWCA (as LLP Administrator) and LLP Participating Agencies to successfully place homeless clients in available units. When receiving a referral from one of the LLP Participating Agencies under the Landlord Liaison Project (LLP), the landlord/property manager will use the same screening process for this applicant as would be used for any other applicant for an available rental unit. However, for LLP referrals, alternative rental screening criteria will be used to determine whether the applicant is approved.

Appeals also will be permitted, except as described below, to allow the applicant and referring agency to explain any extenuating circumstances.

In exchange for the alternative screening criteria and process, YWCA and LLP Participating Agencies commit to providing one year of ongoing support services to LLP referred clients, guaranteed response to the landlord/property manager within two business days, eviction prevention assistance if difficulties arise, and damage claim coverage for the first two years of each LLP tenant’s tenancy.

**Screening Criteria**

Beginning \_\_\_\_\_ (insert date), \_\_\_\_\_ (insert landlord/property management company) will apply the following alternative screening criteria to LLP clients referred by YWCA (LLP Administrator) and/or LLP Participating Agencies.

**1. Prior tenancy history**

- Allow for \_\_\_\_\_ (2\*) evictions in the past \_\_\_\_\_ (3) years.
- Applicant with a prior eviction needs to have a written agreement with the former landlord to repay any past debt. Extenuating circumstances that make such a written agreement unfeasible will be considered.

**2. Credit history**

- Allow up to \_\_\_\_\_% (75%) bad credit, not including medical or student loan debt.
- Total dollar amount of bad credit, not including medical or student loan debt, may not exceed \$\_\_\_\_\_ (\$7,500). Extenuating circumstances will be considered.
- Allow for one cleared bankruptcy so long as the applicant is not currently in the process of a bankruptcy.

**3. Criminal history**

- Automatically deny any applicant who is a convicted sex offender or has been convicted for methamphetamine production.
- Take the following actions related to prior felony convictions.
  - **Kidnapping:** Applicant with this conviction at any point in the applicant’s life may be denied. Applicant may appeal disqualification based on a kidnapping conviction only if the applicant can demonstrate the kidnapping was of the applicant’s child and was associated with a custodial dispute.
  - **Murder, arson, robbery, assault with a deadly weapon or manufacturing of illegal drugs other than methamphetamine:** Applicant with this conviction within the past \_\_\_\_\_ (10) years may be denied. Applicant may appeal disqualification only if he/she can demonstrate he/she has not been incarcerated for any felony offense within the last \_\_\_\_\_ (5) years and that extenuating circumstances exist.

\_\_\_\_\_   
 \* Recommended values in parentheses.

- **Manslaughter:** Applicant with this conviction within the past \_\_\_\_\_ (10) years may be denied. Applicant may appeal disqualification only if he/she can demonstrate he/she has not been incarcerated for any felony offense within the last \_\_\_\_\_ (2) years and that extenuating circumstances exist.
- **Theft, burglary or delivery or sale of illegal drugs:** Applicant with this conviction within the past \_\_\_\_\_ (3) years may be denied. The applicant may appeal disqualification only if he/she can demonstrate he/she has not been incarcerated for any felony offense within the last \_\_\_\_\_ (1 year) and that extenuating circumstances exist.
- **Assault, possession with intent to deliver drugs, criminal mischief or other felonies not already mentioned:** Applicant with this conviction within the past \_\_\_\_\_ (1 year) may be denied. The applicant may appeal disqualification if he/she can demonstrate he/she has not been incarcerated for any felony offense within the last \_\_\_\_\_ (6 months) and that extenuating circumstances exist.
- Do not deny for misdemeanor convictions.

**Extenuating Circumstances**

In some cases an applicant who does not qualify under these screening criteria might still be an acceptable risk due to extenuating circumstances. Such circumstances might include, but are not limited to, triggering events like severe health problems, recent death of spouse, domestic violence, recent divorce, or a temporary period of unemployment. Such considerations also could include a change in circumstances, like drug rehabilitation. Landlord/property manager agrees to consider extenuating circumstances, as detailed above.

**Appeal Letters**

When referring a client for housing, the LLP Participating Agency may anticipate problems with the client meeting the aforementioned screening criteria. The LLP Participating Agency may choose to refer this client anyway due to extenuating circumstances and demonstrated stability and/or rehabilitation. With the client's authorization, the LLP Participating Agency may identify the problem areas and present the extenuating circumstances in an initial referral letter to the landlord/property manager. The landlord/property manager agrees to promptly notify the referring LLP Participating Agency if problems arise with the referred LLP client's application, if more information is needed or if the referred LLP applicant has been denied.

If the LLP applicant is denied housing, the referring LLP Participating Agency may submit an appeal letter, as permitted by the screening criteria above. The appeal must be submitted within \_\_\_\_\_ (14) days of the notification of denial. The landlord/property manager will consider the appeal that explains that extenuating circumstances and may, at his/her discretion, approve or deny the application.

By signing below, \_\_\_\_\_ (insert landlord/property management company) agrees to apply the alternative screening criteria and process as described above to applicants who are referred by YWCA and/or LLP Participation Agencies for tenancy through the Landlord Liaison Project.

\_\_\_\_\_  
Signature and company name if applicable

\_\_\_\_\_  
Date

# King County Landlord Liaison Project

## Agency Information Page

<http://www.landlordliaisonproject.org/agencies.html>

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## AGENCIES

### Does your agency have clients that are facing barriers to housing?

Are you finding that your clients with a steady source of income still cannot access permanent housing due to past barriers? Are you able to provide one year of supportive services including monthly home visits? If you answered yes to these questions, your agency/program may be eligible to partner with the Landlord Liaison Project.

Click [here](#) for the [Agency Orientation](#) Schedule.

#### Benefits of LLP:

- Assistance from the Landlord Liaison Project in housing search and placement
- Landlord mediation support
- Ongoing training opportunities for program staff
- Client financial assistance

#### Learn more about the LLP Partner Agencies:

- [View a list of our Partnering Agencies](#)

#### Ready to Get Started?

- [Click here](#) for the [Step by Step Process](#)



The Landlord Liaison Project helps to house individuals and families who:

- ✓ Are homeless
- ✓ Have one or more barriers to renting
- ✓ Will receive education and support services to be successful tenants



# King County Landlord Liaison Project

## Step by Step Process for Agencies

[http://www.landlordliaisonproject.org/agencies\\_steps.html](http://www.landlordliaisonproject.org/agencies_steps.html)

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### Step by Step Process for Agencies

1. Agency/Program completes an [Agency Application Form](#) and submits it to the Landlord Liaison Project.
2. If the Agency/Program is approved, the Case Manager(s) meet directly with LLP staff or attend an [Agency Orientation](#). Partnering agencies will receive training to assist them in successfully housing their clients through the LLP.
3. Case Manager(s) from the partnering agencies complete a [Client Application Form](#) with their client(s) and submit it to LLP.
4. Case Manager is notified when the client application is approved or denied.
5. LLP staff works collaboratively with the Case Manager to create a housing plan for the client. This may include referrals to Landlords with current vacancies or direct housing search support from LLP staff.
6. Once the client's rental application is approved by a Landlord, the Case Manager and client schedule a move-in date.
7. Case Manager works with the Landlord and client to determine move-in costs.
8. The Case Manager attends the lease signing and walk-through inspection with the client and Landlord. Case Manager sends move-in documents to LLP.
9. Case Manager provides ongoing support services to LLP housed tenants. This includes monthly home visits during the first year of tenancy.
10. Partnering Agency/Case Manager responds to Landlord concerns within 2 business days of the complaint.



## APPLICATION FOR APPROVAL AS LLP PARTICIPATING AGENCY

### 1. General Agency Information

Applicant organization: \_\_\_\_\_

Program name (if applicable): \_\_\_\_\_

Are you applying for approval to participate in LLP as an agency or specific program?  Agency  Program

Person completing application: \_\_\_\_\_ Date: \_\_\_\_\_

Agency's contact person for LLP: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

### 2. Minimum Requirements for LLP Participating Agencies

Please indicate whether your agency is able to provide the following required services as part of LLP.

Able to Provide?	Agency Responsibility
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Designate one point of contact to oversee LLP participation within your agency or program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Participate in LLP meetings and trainings.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Ensure clients meet these LLP eligibility criteria before referring clients for housing through LLP: <ul style="list-style-type: none"> <li>• Homeless with 1+ rental barriers</li> <li>• Not a convicted sex offender</li> <li>• No previous conviction(s) for methamphetamine production</li> <li>• Willing to actively participate in support services for at least 1 year if needed; or prepared to exit to private market housing with little or no support services assistance</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Work with each eligible client to submit <u>Application for Client Participation in LLP</u> to YWCA. Obtain YWCA's approval before referring the client for housing through LLP.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Before referring clients for tenancy through LLP, work closely with clients on preliminary background screening and individualized goal plan development to address issues that led to their barriers to access and retain housing.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Before and during tenancy, refer clients to YWCA's LLP trainings on budgeting, being a responsible tenant, understanding leases, legal issues and community resources as provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. With assistance from YWCA's LLP staff, help clients identify which properties they want to apply to and assist them in completing and submitting rental applications.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Participate in move-in inspections with clients and landlords and sign the <u>Move-In Condition Report</u> . YWCA's LLP staff can provide this service, upon request.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Review lease agreements with clients to help clients fully understand tenancy responsibilities. Ensure that YWCA and your agency have been sent copies of the signed lease/rental agreement and <u>Move-In Condition Report</u> within 14 days of the client moving into the rental unit.

- Yes  No 10. Immediately notify YWCA when a client is placed in housing through LLP if YWCA has not been involved already in helping to place the client in housing.
- Yes  No 11. If a LLP client needs screening fee assistance, move-in assistance, eviction prevention assistance or short-term rental assistance, help the client to identify and apply for assistance through available local resources. If such resources are unable to assist the client, then help the client to complete the Application for Financial Assistance through LLP and submit it to YWCA.
- Yes  No 12. If LLP short-term rental assistance is provided to your clients, work closely with your clients to ensure that they pay their portion of the rent on time each month.
- Yes  No 13. Respond to concerns from landlords, property managers and/or YWCA within two business days. Inform YWCA if problems arise.
- Yes  No 14. Work with clients to develop plans to address any issues that arise related to their tenancies. Work with YWCA to mediate issues that may lead to eviction and develop alternatives to eviction for LLP clients.
- Yes  No 15. Participate in Safe Harbors (HMIS) and enter all LLP clients into the system (\*domestic violence agencies should consult with YWCA and Safe Harbors, as special rules apply).
- Yes  No 16. For clients with multiple housing barriers and who require ongoing support services, the agency will provide support services to ensure the client's success in housing. At a minimum, this support services should be provided throughout the first year of the client's tenancy and include:
- Monthly meetings with the client in his/her housing unit during the first year
  - Individual goal planning
  - Coordination with and referral to other community services
  - Money management assistance
  - Available to assist with client issues after the first year of residency
- Yes  No 17. For clients with multiple housing barriers and who require ongoing support services, the agency will notify YWCA if either a LLP client refuses to continue participating in support services or the agency is unable to continue providing support services to the LLP client. Agencies will work with LLP staff to design a supportive services plan and to address concerns as they arise.

If you answered “**No**” to any of the minimum requirements in Section 2, please explain the circumstances in greater detail: ***(if entering a partnering program no offering one year of support services)***

### 3. In Depth Questions

A. What is your agency's primary interest in participating in LLP?

B. Identify the population that your agency would like to be served through LLP, including their characteristics and primary housing barriers.

C. Describe the support services that your agency provides. Include information on the typical frequency of client contacts and case load. How might the support services you provide be different for the clients you place in housing through LLP?

D. Describe the training/education that your agency or another agency currently provides to your clients related to rental responsibilities and money management.

E. Housing placements:

- a. How many homeless clients does your agency help to place in permanent housing each year?
  
- b. What assistance does your agency currently provide to help clients with screening fees, security deposits and other move-in costs, and eviction prevention assistance? What resources do you use?
  
- c. What assistance do you currently provide to help place homeless clients in permanent housing and help them to be successful in permanent housing (ex: housing search assistance, etc)?

F. Rental Assistance

- a. What is your agency's current capacity to provide rental subsidies/assistance for your clients?
  - i. How many clients are receiving rental assistance through your agency this year?
  - ii. How long does the rental assistance last for (short-term versus long-term)?
  - iii. What are the funding sources for this rental assistance?

#### 4. Agency's Needs from LLP

What resources do you anticipate your clients needing through LLP? (Check all that apply.)

- Referrals/connections to LLP Participating Landlords who have agreed to alternative screening criteria  
Anticipated # of homeless households to refer for permanent housing each year through LLP: \_\_\_\_\_
- Assistance with housing search for your clients
- Screening fee assistance
- Assistance with move-in costs
- Eviction prevention assistance
- Short-term rental assistance (up to one year)

#### 5. Agency Certification

By signing below, \_\_\_\_\_ ("Agency") confirms that all of the information provided above is true and correct.

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

\_\_\_\_\_  
(Insert name of authorized representative)  
(Insert agency)

\_\_\_\_\_  
Date

**Please return this form to:**

Mona Tschurwald, Landlord Liaison Project Manager, fax # (206) 336-4606  
YWCA of Seattle • King County • Snohomish County, 4800 S. 188<sup>th</sup>, Suite 245, SeaTac, WA 98188  
If you have any questions, please call (206) 336-4620.

**For Landlord Liaison Project administrative use only**

Application for Approval was received on \_\_\_\_\_ via  fax  mail  email

Approved as LLP Participating Agency effective \_\_\_\_\_ Notified on: \_\_\_\_\_

Not approved as LLP Participating Agency Notified on: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Mona Tschurwald, LLP Manager

\_\_\_\_\_  
Date



**Landlord Liaison Project** 

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

**Rental Barriers for ALL household members:**

**Identify household barriers (*Check all that apply*)**

- Disability
- Current or past alcohol/drug problems
- No prior tenancy history
- No prior credit history
- Bad credit/prior unpaid debt
- Cannot afford screening fee
- Insufficient income to meet minimum income standard
- Bad reference from a previous landlord
- Past eviction

Date(s) \_\_\_\_\_

Reason for eviction \_\_\_\_\_

\_\_\_\_\_

- Money is owed to previous landlord

Amount owed \_\_\_\_\_

Is applicant on a payment plan? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Prior misdemeanor conviction

Date(s) and charge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Prior felony conviction

Date(s) and charge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other (example: open warrant, pending charge, etc.) \_\_\_\_\_

\_\_\_\_\_

**Is anyone in the household a convicted sex offender?**  Yes  No

**Has anyone in the household been convicted of methamphetamine production?**  Yes  No

***\*\*If the answer to either of the last 2 questions is yes, then this household is not eligible to participate in LLP.***



**Landlord Liaison Project** 

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

**Characteristics of Desired Housing and Assistance:**

Unit size desired:  Studio  1-bdrm  2-bdrm  3-bdrm  4-bdrm  Other: \_\_\_\_\_

Desired geographic location of unit within King County: \_\_\_\_\_

Describe desired housing \_\_\_\_\_

Does the household need an accessible unit related to a disability?  Yes  No

What type of housing accommodation is needed? \_\_\_\_\_

Does this household have a housing subsidy?  Yes  No

If so, how much? \_\_\_\_\_ From whom? \_\_\_\_\_

Amount the household can afford for rent (out-of-pocket): \_\_\_\_\_

**Indicate assistance to be provided by Participating Agency or other source. (Mark all that apply)**

Screening fee assistance – Indicate source and amount: \_\_\_\_\_

Assistance with move-in costs – Indicate source and amount: \_\_\_\_\_

Rental subsidy/assistance – Indicate source, amount and length of time: \_\_\_\_\_

\_\_\_\_\_

**Indicate assistance needed from Landlord Liaison Project. (Mark all that apply)**

Referrals/connections to LLP Participating Landlords who have agreed to alternative screening criteria

Assistance with the housing search – Describe assistance needed: \_\_\_\_\_

\_\_\_\_\_

Screening fee assistance

Assistance with move-in costs

Short-term rental assistance

***You must wait until the Landlord Liaison Project has reviewed and approved your Application for Client Participation, before applying for financial assistance from the LLP. Ask your case manager or the Landlord Liaison Project staff for help with this process.***

**For Landlord Liaison Project administrative use only**

H  LTH  CH

**Landlord Liaison Project** 

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

**Do not submit this page if receiving support services.**

**Additional Information for Applicant WITHOUT Ongoing Support Services:**

If problems arise, can referring agency/provider be contacted?  Yes  No

Comments: \_\_\_\_\_

Is applicant connected to any other service agencies or programs (including mental health/chemical dependency support, school liaison or child services, employment, etc.)?  Yes  No

If yes, please list the agency name and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can they be contacted? \_\_\_\_\_

LLP helps homeless households to access housing in the private rental market. As a result, clients must have income, a subsidy in place, or a very clear plan and timeline for increasing wages in order to afford market rate rent.

Has the household completed a Housing Stability Plan?  Yes  No

Have you worked with this household on:  Budget Repair  Access to income or increased wages  
 Job search

What steps has the applicant taken to **prepare** for fair market housing? Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe tools/training/skills that applicant has to **maintain** permanent housing and pay rent in the private rental market?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please include additional pages or information, if needed.**

## Landlord Liaison Project

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

### Participation Agreement, Release of Information and Certification of Information:

**Participation in LLP** - As a participant in the Landlord Liaison Project, I agree to:

- Work towards meeting my agreed upon housing and life goals
- Participate in trainings (coordinated through my case manager or LLP staff) on rental responsibilities, budgeting, and/or other topics that are necessary to assist me in maintaining permanent housing
- Work with my case manager or LLP staff on any issues that could jeopardize my housing (including conflict with my landlord or neighbors, trouble paying rent, problems with my unit, etc)
- Notify my case manager or LLP staff and landlord if I plan to move from my housing

**Release of Information** - I give permission for YWCA of Seattle • King County • Snohomish County to exchange information regarding the housing and assistance I receive through the King County Landlord Liaison Project with the following case manager or other support person:

\_\_\_\_\_

Print Name of Service Provider

\_\_\_\_\_

Organization

\_\_\_\_\_

Phone Number

**Certification of Information** - I certify that, to the best of my knowledge, all answers to the above questions are true and correct. I understand any incorrect information may be considered misrepresentation or fraud and could result in me not being able to participate in and receive the benefits of the Landlord Liaison Project.

\_\_\_\_\_

Print Applicant Name

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Agency Signature

\_\_\_\_\_

Date

### YWCA of Seattle | King | Snohomish

#### For Landlord Liaison Project administrative use only:

Application for Client Participation was received on \_\_\_\_\_

Client was approved, referring agency was notified on \_\_\_\_\_ by \_\_\_\_\_

Client was declined, referring agency was notified on \_\_\_\_\_ by \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

Mona Tschurwald, LLP Manager

\_\_\_\_\_

Date

# Landlord Liaison Project

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

## Client Release of Information Safe Harbors HMIS

**IMPORTANT:** Do not enter personally identifying information into HMIS for clients who: 1) are in DV agencies or; 2) are currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation or; 3) have revealed confidential information about them being HIV Positive or having AIDS. *If this applies to you, STOP- Do not sign this form.*

This agency participates in the Safe Harbors Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in King County. In order to make sure that clients are not counted twice if services are provided by more than one agency, we need to collect some personal information. Specifically, we need: name, birth date, race, and last permanent address. You may also choose to provide your social security number, but signing this form does not require you to do so. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at (206) 233-7081.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- The data you provide may be disclosed to the funding source (Funder) to evaluate services needed, to impact public policy and to understand the homeless and at risk population. Your name and other identifying information will not be included in any reports or publications.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.

I do consent (and understand that I may withdraw my consent at any time) to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality.

I do NOT consent to the inclusion of personal information in HMIS about me and any dependents listed below .

Dependent children under 18 in household, if any (Please print first and last names):

_____	_____
_____	_____

CLIENT SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ STAFF NAME \_\_\_\_\_

## Section II

- Please completely fill out Section I of this form with client signature on pages 6 & 7. IF you participate in Safe Harbors HMIS data collection system please submit Section I of this application with all completed HMIS Household forms for each family member to the Landlord Liaison Project at the address or fax number listed above. If you have any questions, please call (206) 336-4601.
- **Section II MUST be completed in addition to Section I: IF you do not participate in Safe Harbors HMIS Data collection system. When BOTH sections are fully completed please submit to Landlord Liaison Project at the address or fax number listed above.**

**YOUR LLP CLIENT APPLICATION WILL BE CONSIDERED INCOMPLETE WITHOUT AN INTAKE FORM FOR EVERY FAMILY MEMBER.**

**\*\* This is a new 2015 Landlord Liaison Project contractual requirement for client participation.**

# Landlord Liaison Project

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

## YWCA of Seattle | King | Snohomish

### Safe Harbors (HMIS) Baseline - Adult Intake (make additional copies for each adult as needed)

#### YWCA STAFF ONLY

Client Identifier: \_\_\_\_\_

Total number in family: \_\_\_\_\_

Safe Harbors client consent:  Identified  De-Identified

#### ADULT INTAKE

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name data quality:  Full name  Partial, street, or code name  Client doesn't know  Client refused

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Full DOB  Approximate or partial DOB  Client doesn't know  Client refused

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Full SSN  Approximate or partial SSN  Client doesn't know  Client refused

Last Know Permanent Address: (residence of 90 days or more)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Data Quality:  Full address reported  Incomplete/Estimated Address  Client doesn't know  Client refused

#### Housing Status:

- |  |  |
|--|--|
| <input type="checkbox"/> Category 1 – Homeless                                   | <input type="checkbox"/> At-risk of homelessness |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing         | <input type="checkbox"/> Stably housed           |
| <input type="checkbox"/> Category 3 – Homeless only under other federal statutes | <input type="checkbox"/> Client doesn't know     |
| <input type="checkbox"/> Category 4 – Fleeing domestic violence                  | <input type="checkbox"/> Client refused          |

#### Relation to Head of Household:

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Self        | <input type="checkbox"/> HOH's spouse or partner     | <input type="checkbox"/> Other relation member     |
| <input type="checkbox"/> HOH's child | <input type="checkbox"/> HOH's other relation member | <input type="checkbox"/> Other non-relation member |

Gender:  Female  Transgender (male to female)  Client doesn't know  Other \_\_\_\_\_  
 Male  Transgender (female to male)  Client refused

Are you disabled?  Yes  No  Client doesn't know  Client refused

Have you ever served in the U.S. military? (if YES, fill out Veteran Assessment)

Yes  No  Client doesn't know  Client refused

#### Last grade completed:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No Schooling Completed                  | <input type="checkbox"/> 9 <sup>th</sup> grade              | <input type="checkbox"/> High School Diploma   | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Nursery school – 4 <sup>th</sup> grade  | <input type="checkbox"/> 10 <sup>th</sup> grade             | <input type="checkbox"/> GED                   |   |
| <input type="checkbox"/> 5 <sup>th</sup> – 6 <sup>th</sup> grade | <input type="checkbox"/> 11 <sup>th</sup> grade             | <input type="checkbox"/> Post-Secondary School |   |
| <input type="checkbox"/> 7 <sup>th</sup> – 8 <sup>th</sup> grade | <input type="checkbox"/> 12 <sup>th</sup> grade, no diploma | <input type="checkbox"/> Client doesn't know   |   |

Ethnicity:  Non-Hispanic/Non-Latino  Hispanic/Latino  Client doesn't know  Client refused

#### Race: (choose all races you identify with)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White               | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> US Indian/Alaska native          | <input type="checkbox"/> Client doesn't know |   |

## Landlord Liaison Project

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

**YWCA of Seattle | King | Snohomish - Safe Harbors (HMIS) Baseline - Adult Intake**

**Income source/amount (MONTHLY):** *\$ amount is required*

<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____
<input type="checkbox"/> Alimony or other spousal support	\$ _____	<input type="checkbox"/> Supplemental Security Income or SSI	\$ _____
<input type="checkbox"/> Child support	\$ _____	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____
<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Unemployment Insurance	\$ _____
<input type="checkbox"/> General Assistance (GA)	\$ _____	<input type="checkbox"/> VA Non-Service-Connected Disability Compensation	\$ _____
<input type="checkbox"/> No financial resources	\$ _____	<input type="checkbox"/> Worker's Compensation	\$ _____
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____	<input type="checkbox"/> <b>Write in other source</b> (Financial Aid, HEN, other)	\$ _____
<input type="checkbox"/> Private disability insurance	\$ _____	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Retirement income from Social Security	\$ _____	<input type="checkbox"/> Client refused	

**Non-Cash Benefits (MONTHLY):**

<input type="checkbox"/> Food Stamps or Benefits Card; \$ _____	<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance
<input type="checkbox"/> WIC	<input type="checkbox"/> Temporary rental assistance
<input type="checkbox"/> TANF Child Care	<input type="checkbox"/> Other source: _____
<input type="checkbox"/> TANF Transportation	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Other TANF-funded services	<input type="checkbox"/> Client refused <span style="float: right;"><input type="checkbox"/> None</span>

**What type of health insurance do you have?**

<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> State Adult Health
<input type="checkbox"/> Employer Provided Health Insurance	<input type="checkbox"/> COBRA	<input type="checkbox"/> Private Health Insurance	

**Program Name:** Landlord Liaison Project 25.181 **Entry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prior Living Situation:**

<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Rental by client, with VASH subsidy
<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> Staying or living w/ family (room, apt, house)	<input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy
<input type="checkbox"/> Permanent housing for formerly homeless persons	<input type="checkbox"/> Staying or living w/ friends (room, apt, house)	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Substance abuse facility or detox center	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Client refused
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client with GPD TIP housing subsidy



## Landlord Liaison Project

YWCA Homeless Initiatives Department | 4800 S 188<sup>th</sup> Street, Suite 245 | SeaTac, WA 98188-4680 Phone (206) 336-4601 | Fax (206) 336-4604

### YWCA of Seattle | King | Snohomish - Safe Harbors (HMIS) – Child Intake (make additional copies as needed)

**YWCA STAFF ONLY**      **Client Identifier:** \_\_\_\_\_      **Child #** \_\_\_\_\_

**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_ **Middle initial:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Name data quality:**     Full name     Partial, street, or code name     Client doesn't know     Client refused

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_     Full DOB     Partial DOB reported     Client doesn't know     Client refused

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Full SSN     Partial SSN     Client doesn't know     Client refused

**Relation to Head of Household:**

- Self                       HOH's spouse or partner                       Other relation member  
 HOH's child             HOH's other relation member             Other non-relation member

**Gender:**     Female             Transgender (male to female)             Client doesn't know             Other \_\_\_\_\_  
 Male             Transgender (female to male)             Client refused

**Are you disabled?**     Yes     No     Client doesn't know     Client refused

**Ethnicity:**     Non-Hispanic/Non-Latino     Hispanic/Latino     Client doesn't know     Client refused

**Race:** (choose all races you identify with)

- Asian                       Native Hawaiian/Pacific Islander                       White                       Client refused  
 Black/African American     US Indian/Alaska native                       Client doesn't know

**What type of health insurance do you have?**

- No Health Insurance                       Client doesn't know                       Client refused                       VA Medical Services  
 MEDICAID                       MEDICARE                       State Children's Health Insurance     State Adult Health  
 Employer Provided Health Insurance     COBRA                       Private Health Insurance

**Are you a spouse/partner or minor dependent of a Veteran?**

- No                       Spouse or partner of formerly active military person     Client refused  
 Minor dependent of formerly active military person     Client doesn't know

Disabling Conditions	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.	Documentation of the disability and severity on file	Currently receiving services/treatment for this disability
Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health problem <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic health condition <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDs <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**How do you rate your general health?**

- Excellent     Very Good     Good     Fair     Poor     Client doesn't know     Client refused

# King County Landlord Liaison Project

## Tenant Information Page

<http://www.landlordliaisonproject.org/tenants.html>

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## TENANTS

### PROSPECTIVE LLP CLIENTS:

Are you homeless and struggling to find housing because of something in your past? Do you find yourself applying to apartment after apartment and are continually denied even though you can afford to pay the rent?



### Benefits of the LLP:

- Assistance finding units that will work with your rental barriers
- Agency guidance through the application process and help with appeals
- Opportunity to apply for financial assistance with screening fees, move in costs, short term rental assistance or eviction prevention
- Training opportunities on how to be a good tenant

To participate in LLP, you must be referred by a partnering agency.

To view a list of LLP Partnering Agencies, [click here](#).

**\*The Landlord Liaison Project does NOT accept self referrals.\***

### Ready to Get Started?

- [Click here for Step by Step Process](#)

### CURRENT LLP CLIENTS:

- [View the Tenant Orientation Schedule](#)
- Would you like to share your LLP success story with us? Please email [communityaffairs@ywcaworks.org](mailto:communityaffairs@ywcaworks.org)

**You may qualify for this program if you are:**

- ✓ Homeless
- ✓ Ready to move into permanent rental housing
- ✓ Able to afford fair market rent (through income or a subsidy)
- ✓ Willing to participate in support services with an LLP partnering agency



# King County Landlord Liaison Project

## Step by Step Process for Tenants

<http://www.landlordliaisonproject.org/clients-steps.html>

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### Step by Step Process for Tenants

1. Prospective LLP participants are enrolled in case management services from one of LLP's partnering agencies.
2. If the prospective LLP participant satisfies LLP eligibility criteria and the Case Manager from one of our partnering Agencies believes he/she is a good fit for LLP, they can meet with their Case Manager to complete a [Client Application Form](#) and submit it to LLP.
3. LLP notifies the Agency about the approval or denial status of the client application. If approved, Case Managers will be given contact information to the assigned LLP Housing Specialist.
4. Approved LLP participants are highly encouraged to attend a [Tenant Orientation](#) to learn how to access LLP services.
5. LLP staff work collaboratively with the Case Manager to create a housing plan for each client. This may include referrals to landlords with current vacancies or direct housing search support from LLP staff.
6. Once the client's rental application is approved by a Landlord, the Case Manager and client schedule a move-in date and inspection of needed.
7. Clients work with their Case Manager and Landlord to determine how the move-in costs will be paid.
8. Case Manager attends the lease signing and walk-through inspection with the client and Landlord.
9. Case Managers provide ongoing support services to LLP housed tenants. This includes monthly home visits during the first year of tenancy.
10. Partnering Agency/Case Manager responds to Landlord concerns within 2 business days of a complaint.



# King County Landlord Liaison Project

## Step by Step Process for Tenants

<http://www.landlordliaisonproject.org/clients-steps.html>

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## Lease Quick Guide

to be completed by tenant and case manager/LLP

A lease is a legal agreement between you and your landlord that sets out the terms and conditions of your use of a rental unit. It's important that you read and understand exactly what you are signing. Work with your case manager or an LLP staff member to go over your rental agreement and find the following information.

Monthly rent amount (if you receive a voucher, write total amount and amount you are responsible for)	\$
Term of lease	Lease Start Date: Lease End Date:
Day of month rent is due	
Day of month late charges begin	
Charge for late rent check/returned rent check	\$
Forms of payment accepted	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Other _____
Utilities paid by you	<input type="checkbox"/> Electricity <input type="checkbox"/> Cable TV <input type="checkbox"/> Garbage/recycling service <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Other _____

Leases usually have a section called "Terms and Conditions". This section sets out the rules of your tenancy. Use the list below to help find the rules. Use a highlighter to find those parts of your lease that set out a rule. Once you have found the rules, write the rules in your own words on the blank line next to the item.

- Occupants \_\_\_\_\_
- Pets \_\_\_\_\_
- Damage and repairs \_\_\_\_\_
- Care and maintenance \_\_\_\_\_
- Landlord access \_\_\_\_\_
- Visitors \_\_\_\_\_
- Letting others use your apartment \_\_\_\_\_
- Failure to pay rent \_\_\_\_\_
- Deposit refunds \_\_\_\_\_
- Termination \_\_\_\_\_
- Safety and smoke detectors \_\_\_\_\_
- Parking \_\_\_\_\_
- Notice of absence \_\_\_\_\_
- Other \_\_\_\_\_



**RELEASE OF INFORMATION**

Client's full name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (insert client's name), give \_\_\_\_\_ (insert LLP Participating Agency) and YWCA of Seattle · King County · Snohomish County permission to obtain information from \_\_\_\_\_ (insert landlord/property management company) related to my tenancy, including but not limited to the rental application and screening process, lease/rental agreement, rent payments, and tenancy violations, warnings, notices and terminations. I understand the Release is needed in order for \_\_\_\_\_ (insert LLP Participating Agency) and YWCA to provide support to help me get into housing and be successful in my housing.

I understand that this Release automatically expires 30 days after the date of my exit from the Landlord Liaison Project. I am giving consent voluntarily and understand that I may, at any time, revoke it in writing to the entity giving or receiving the information. I have the right to see the information provided under this Release at any time.

My authorization releases \_\_\_\_\_ (insert LLP Participating Agency), YWCA and \_\_\_\_\_ (insert landlord/property management company) from any and all liability for damages arising from inquiring about, obtaining, providing and/or taking action based on information covered by this Release.

I have read this Release or it has been read to me and I understand its content. I understand that I have a right to receive a copy of this Release.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**My signature(s) allow(s) a photocopy or fax copy of this authorization to be as valid as the original.**