

# Housing Authority of the County of Butte

## Housing Assistance Programs



HOUSING AUTHORITY of the County of Butte  
2039 Forest Avenue, Chico, CA 95928  
(530) 895-4474 • Fax: 530-894-8738 • TDD Relay: 800-735-2929  
[www.butte-housing.com](http://www.butte-housing.com)



## Reasonable Accommodation

If you or anyone in your family is a person with disabilities and you require an accommodation in order to fully utilize our programs and services, please inform the Housing Authority staff.

# Housing Choice Voucher

## Section 8



- **Allows** very low-income families to choose and lease decent and affordable privately owned rental housing.
- **You are free** to choose any housing that meets the requirements of the program.
- **The subsidy** is paid directly to the landlord by the Housing Authority on your behalf.

# Housing Choice Voucher

## Eligibility



Income **must** not exceed the limits set by HUD.

	1	2	3	4	5	6	7	8
Butte	\$27,300	\$31,200	\$35,100	\$38,950	\$42,100	\$45,200	\$48,300	\$51,450
Glenn	\$27,300	\$31,200	\$35,100	\$38,950	\$42,100	\$45,200	\$48,300	\$54,450

### Payment standards Butte & Glenn County

BEDROOMS	0	1	2	3	4	5	6
BUTTE COUNTY	\$982	\$1,035	\$1,362	\$1,937	\$2,321	\$2,668	\$3,017
GLENN COUNTY	\$734	\$834	\$1,098	\$1,399	\$1,662	\$1,910	\$2,160

**HUD REQUIREMENT:** At least 75% of all new admissions must be Extremely Low Income

# Mandatory Termination

**The HACB must terminate assistance to participants if:**

- Any member of the family fails to sign and submit HUD or Housing Authority required consent forms for obtaining information.
- No member of the family is a U.S. Citizen or eligible immigrant.

# Mandatory Termination

**The Housing Authority must terminate assistance to participants if:**

- Any member of the family has been convicted of manufacturing or producing methamphetamine.
- Any member of the family are required to register as a sex offender.
- Any member of the family is a fugitive felon.

# Grounds for Termination

**The Housing Authority may terminate assistance for participants for any of the following:**

- The family violates any family obligation.
- Any member of the family commits drug-related criminal activity or violent criminal activity.
- Any member of the family commits fraud, bribery, or any act of corruption in connection with any HUD program.

# Grounds for Termination

**The Housing Authority may terminate assistance for participants for any of the following:**

- The family currently owes money to the Housing Authority or to another Housing Authority.
- The family violates an agreement with the Housing Authority to pay amounts owed to the Housing Authority, or amounts paid to an owner by the Housing Authority.
- Any member of the family has ever been evicted from Public Housing or terminated from the Voucher Program for serious violations of their lease.

# Grounds for Termination

**The Housing Authority may terminate assistance for participants for any of the following:**

- A family has engaged in or threatened abusive or violent behavior toward Housing Authority personnel.
- Any family member whose drug or alcohol abuse interferes with the health, safety or peaceful enjoyment of other residents.

# Family Obligations

## **A Family :**

**1.)** Must supply any information, certifications & releases that HUD or the Housing Authority determines is necessary in the administration of the program.

For example: submitting required evidence of citizenship or eligible immigration status & information for use in a regularly scheduled or interim re-examination of family income & composition.

# Family Obligations

**You Must report any change in the family size & income in writing to the HACB, within 14 days of the change.**

Information supplied by the family must be true & complete.

**2.)** Must disclose & verify Social Security numbers, sign & submit consent forms to obtain information.

**3.)** Must supply any information requested by the HACB to verify that the family is living in the unit or information related to family absence from the unit.

**4.)** Must notify the HACB, in writing, if they are going to be away from the unit for more than 14 days.

# Family Obligations

**5.)** Must allow the HACB to inspect the dwelling unit at reasonable times & after reasonable notices.

**6.)** Must notify the HACB & the owner, in writing, before moving out of the unit or termination of the lease.

**7.)** Must use the assisted unit for residence by the family. The unit must be the family's only residence.

# Family Obligations

**8.)** Must notify the HACB , in writing, within 14 days of the birth, adoption or court awarded custody of a child. Promptly notify the HACB in writing if any family member no longer lives in the unit. HACB must receive written approval to add any other family member as an occupant of the unit **before** the new member moves in.

**9.)** Must give the HACB a copy of any eviction notice.

**10.)** May engage in legal profit making activities in the unit, if such activities are incidental to the primary use of the unit for residence by members of the family.

**11.)** Must pay your rent monthly.

13

# Family Obligations

## **A family Must:**

**1.)** Not OWN OR HAVE ANY INTEREST IN THE UNIT.

*(Exception: You may own manufactured home & receive assistance with space rent, not rent from a parent, child, grandchild, grandparent, sister, or brother of any member of the family).*

**2.)** Not commit any serious or repeat violation of the lease. Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

**3.)** Not participate in illegal drug or violent criminal activity.

14

# Family Obligations

- 4.)** Not sublease or let the unit or assign the lease or transfer the unit.
- 5.)** Not receive Section 8 tenant-based program housing assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State, or local housing assistance program.
- 6.)** Not damage the unit or premises (other than damage from ordinary wear & tear), disconnect the smoke detector, or permit any guest to damage the unit or premises.

# Family Obligations

Housing Quality Standards breaches as it pertains to tenant-supplied utilities or appliances furnished by the tenant.

- 7.)** Not allow non-household members to use the unit address for any purpose, including a mailing address.
- 8.)** Not allow non-household member to be in the unit more than 14 consecutive days or a total of 30 days in a 12 month period.



# Voucher

Initial term: 60 days  
Extensions: 30 days with good cause.

Must be requested in writing.

We will request a search log.

**Voucher** U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0169 (exp. 9/30/2010)

Public Reporting Burden for this collection of information is estimated to average 0.55 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read entire document before completing form. Fill in all blanks below. Type or print clearly.

1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)			1. Unit Size		
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.			2. Issue Date (mm/dd/yyyy)		
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)			3. Expiration Date (mm/dd/yyyy)		
4. Date Extension Expires (if applicable) (mm/dd/yyyy) (See Section 6. of this form)			4. Date Extension Expires (mm/dd/yyyy)		
5. Name of Family Representative		6. Signature of Family Representative		Date Signed (mm/dd/yyyy)	
7. Name of Public Housing Agency (PHA)					
8. Name and Title of PHA Official		9. Signature of PHA Official		Date Signed (mm/dd/yyyy)	

**1. Housing Choice Voucher Program**

A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.

B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

**2. Voucher**

A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.

C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

**3. PHA Approval or Disapproval of Unit or Lease**

A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.

B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

17

Previous editions are obsolete Page 1 of 2 Form HUD-52646 (7/2000) ref. Handbook 7-220-9



# Housing Choice Voucher Size

## Guidelines for Determining Voucher Size

Family Composition	Bedroom Size					
	1	2	3	4	5	6
H	X					
H/P	X					
H/P+1		X				
H/P+2 same gender		X				
H/P+2 different gender aged both aged under 8 yrs		X				
H/P+2 same gender aged 8 yrs apart			X			
H/P+2 different gender aged over 8 yrs			X			
H/P+3			X			
H/P+4 aged under 8 or same gender aged less than 8 yrs apart			X			
H/P+4 2F 2M			X			
H/P+4 2F 2M aged 8 yrs apart				X		
H/P+4 3 same gender 1 opposite gender aged over 8 yrs				X		
H/P+5				X		
H/P+6				X		
H/P+6 dependent on age and gender					X	

H=Head  
 P=Spouse, Partner, Boyfriend, Girlfriend, Significant Other  
 C=Child, Children  
 Household members of different generations (aged 8 yrs apart) may have separate bedrooms

# Housing Choice Voucher Payment Standard



Bedroom Size	0	1	2	3	4	5
Butte County	\$982	\$1,035	\$1,362	\$1,937	\$2,321	\$2,668
Glenn County	\$734	\$834	\$1,098	\$1,399	\$1,662	\$1,910

## Suspension of the term of the Voucher



During the initial or extended term of the voucher, the family is required to submit a Request for Tenancy Approval (Form HUD-52517).

The term of the voucher is suspended starting when the Request for Tenancy Approval (RTA) is submitted to the PHA until the PHA notifies the family in writing whether the assisted tenancy has been approved or denied.

# Suspension of the term of the Voucher

This provision applied to all families who are leasing a unit. Suspension applies even if a family that submits a Request for Tenancy Approval decides to cancel such a request.

In such cases, the suspension ends when the PHA learns of the cancellation.

# Suspension Example

Voucher Issued:

May 1



Expiration Date:

June 29



May						June						July				
1	5	10	15	20	25	30	1	5	10	15	20	25	30	1	5	10

May 16

PHA Denies Unit:  
May 24

# Suspension Example

Voucher Issued:  
May 1

Expiration Date:  
June 29



May						June						July				
1	5	10	15	20	25	30	1	5	10	15	20	25	30	1	5	10

Suspension Time:  
**9 Days ( May 16-24)**

# Suspension Example

Voucher Issued:  
May 1

Expiration Date:  
June 29 (OLD)



May						June						July				
1	5	10	15	20	25	30	1	5	10	15	20	25	30	1	5	10

Suspension Time:  
**9 Days ( May 16-24)**

New Voucher Expiration Date:  
July 8  
(June 29+9 days)

# The Search Begins

- You are responsible in finding your unit. You can refer to the hand out in the voucher briefing packet: A Good Place to Live.
- HACB or S8 does not pay security deposits.
- You negotiate with the landlord.
- Check classified ads.
  - Craig's List.
  - HACB lobby.
  - Signs in neighborhoods.

25

# Housing Choice Voucher Payment Standard

Bedroom Size	0	1	2	3	4	5
Butte County	\$982	\$1,035	\$1,362	\$1,937	\$2,321	\$2,668
Glenn County	\$734	\$834	\$1,098	\$1,399	\$1,662	\$1,910

- You may choose to rent a unit for more or less than the Payment Standard.
- The amount of the Housing Authority's Assistance Payment will vary based on the total contract rent and the utility allowance of a specific unit.
- If you find a unit that the Gross Rent is at or below the Payment Standard, you will pay the greater of :
  - 30% of your monthly adjusted income,
  - 10% of your monthly income
  - Or the minimum Housing Authority rent.

26

# Gross Rent

Contract Rent	\$ 650
Utility allowance	\$ 53
<hr/>	
<b>Gross Rent</b>	<b>\$ 703</b>

If you find a unit that the gross rent is at or above the payment standard, you will pay at least 30% of your monthly adjusted income.

However, **your tenant portion cannot exceed 40% of your adjusted monthly income.**

27

# Rent Calculation

## Gross income

TANF \$ 533/mo x 12 months = \$ 6,396

## Allowances/Deductions

Child under 18	\$ 480
Adjusted annual income	\$ 5,916
Adjusted monthly income	\$ 493

## Your family will pay the greatest of:

10% of total monthly income:	\$ 49
30% of adjusted monthly income:	\$ 148
HACB minimum rent	\$ 50

28

# Pre-lease Eligibility

Make sure the unit is Eligible for your family

Income and composition

**PRE-LEASE UNIT ELIGIBILITY WORKSHEET**

Date: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
New Unit Address: \_\_\_\_\_  
(Street) (Apt. No.) (City) (Zip)

Amount of Monthly Rent Requested by Landlord \$ \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Check one box:  House  Apartment  Duplex  Mobile/Manufactured Home

Landlord Name: \_\_\_\_\_

Landlord Phone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

Please ask your prospective landlord to help you record the following information concerning the unit that you wish to lease:

- UTILITIES: Does unit have its own meter?  Yes  No
- A) Heating:  Gas  Landlord pays  Common  
 Electric  Tenant pays  Individual  
 Propane  Other \_\_\_\_\_
  - B) Cooking:  Gas  Landlord pays  Common  
 Electric  Tenant pays  Individual  
 Propane  Other \_\_\_\_\_
  - C) Water Heater:  Gas  Landlord pays  Common  
 Electric  Tenant pays  Individual  
 Propane  Other \_\_\_\_\_
  - D) Cooling System:  Central A.C.  Landlord pays  Common  
 Wall A.C.  Tenant pays  Individual  
 Swamp Cooler  Other \_\_\_\_\_
  - E) Water:  City  Landlord pays  Common  
 Well  Tenant pays  Individual  
If Well, electricity hooked to what unit? \_\_\_\_\_
  - F) Sewer Bill:  Landlord pays  Tenant pays
  - G) Trash Bill:  Landlord pays  Tenant pays
  - H) Stove:  Landlord provides  Tenant provides
  - I) Refrigerator:  Landlord provides  Tenant provides

Return this worksheet to the Housing Authority immediately. Please leave a phone number in the upper right hand corner so that we may reach you and let you know if this is an eligible unit for your family. We will contact you with a decision within 72 hours of submission of this form.

PROCESSED BY \_\_\_\_\_



# Affordability Calculation

Adjusted monthly income	\$493
30% of adjusted monthly income	\$148
40% of adjusted monthly income	\$197
Issued a one bedroom voucher	\$975 Payment standard
30% Adj. Monthly income \$148	

<b>2 bedroom apartment in Chico</b>	
Rent	\$1200 a month
Utility Allowance	\$ 88 a month
Gross rent	\$1288

Total Tenant Payment \$373 for rent and utilities

**Unit is NOT affordable.**

# Affordability Calculation

Adjusted monthly income	\$493
30% of adjusted monthly income	\$148
40% of adjusted monthly income	\$197
Issued a one bedroom voucher	\$975 payment standard
30% Adj. Monthly income	\$148

## 2 bedroom apartment in Chico

Rent	\$690 a month
Utility Allowance	\$88 a month
Gross rent	\$778

Unit is affordable.

31

# No Side Payments!

The Landlord **CANNOT** collect more rent than what is stated on the Request for Tenancy Approval, the contract between the Landlord, and HACB or the signed rental lease.

32



# Request for Tenancy Approval

Once the unit is found to be affordable, the "RTA" needs to be completed and received before the expiration date of the voucher.

Inspection of the unit will not be requested until this form is submitted to our office. Initial term of the lease is for 12 months.

The term of the voucher is suspended starting when the RTA is submitted. The PH notifies the family whether the unit has been approved or denied.

## Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0168  
(exp. 03/31/2004)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Send any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office, Paperwork Project (0330-0047). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection		
9. Type of House/Apartment							
<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise							
10. If this unit is subsidized, indicate type of subsidy:							
<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(B)(MIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development							
<input type="checkbox"/> Home <input type="checkbox"/> Tax Credit							
<input type="checkbox"/> Other (Describe Other Subsidy, including Any State or Local Subsidy) _____							
11. Utilities and Appliances							
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.							
Item	Specify fuel type	Provided by	Pay by				
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other						
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other						
Water/Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other						
Other Electric:							
Washer							
Dryer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range/Microwave							
Other (specify)							

Previous editions are obsolete

Page 1 of 2

Form HUD-9857 (06/2003)  
ref. Handbook 7420.8



# Housing Quality Standards

A unit **must** pass the minimum housing quality standards before any Section 8 assistance can begin.

Below are just a **few** examples of the items the inspectors look for:

- Utilities must be turned on.
- There must be a trash can with a lid.
- There must be a stove and refrigerator
- Missing and/or cracked outlet and light switch plate cover.
- Refrigerator door gaskets should be in good condition.
- Any peeling paint in or on a unit built before 1978 if the tenant has a child under 6 years old.
- Exterior doors and windows that do not lock. (Dowels made to fit are acceptable)
- No visible light around an exterior door.

# Portability

## **What is portability?**

Process through which your family can transfer or “port” your rental subsidy when you move to a location outside of our jurisdiction (which includes Butte and Glenn county).

## **What if I want to port?**

Contact your section 8 case worker if you have a location that you want to port to. You will be provided with enough information to contact the receiving housing authority. You may also request your section 8 case worker to determine a location to port to.

35

# Portability

**Initial Housing Authority( I-HA):** HACB or the housing authority you are initially porting from

**Receiving Housing Authority (R-HA):** The housing authority that covers that jurisdiction that you want to port to

**Subsidy Standards:** The receiving housing authority may have different subsidy standards.

Example: HACB or I-HA issued you a 3-bedroom voucher. The R-HA may issue you a 2-bedroom voucher.

36

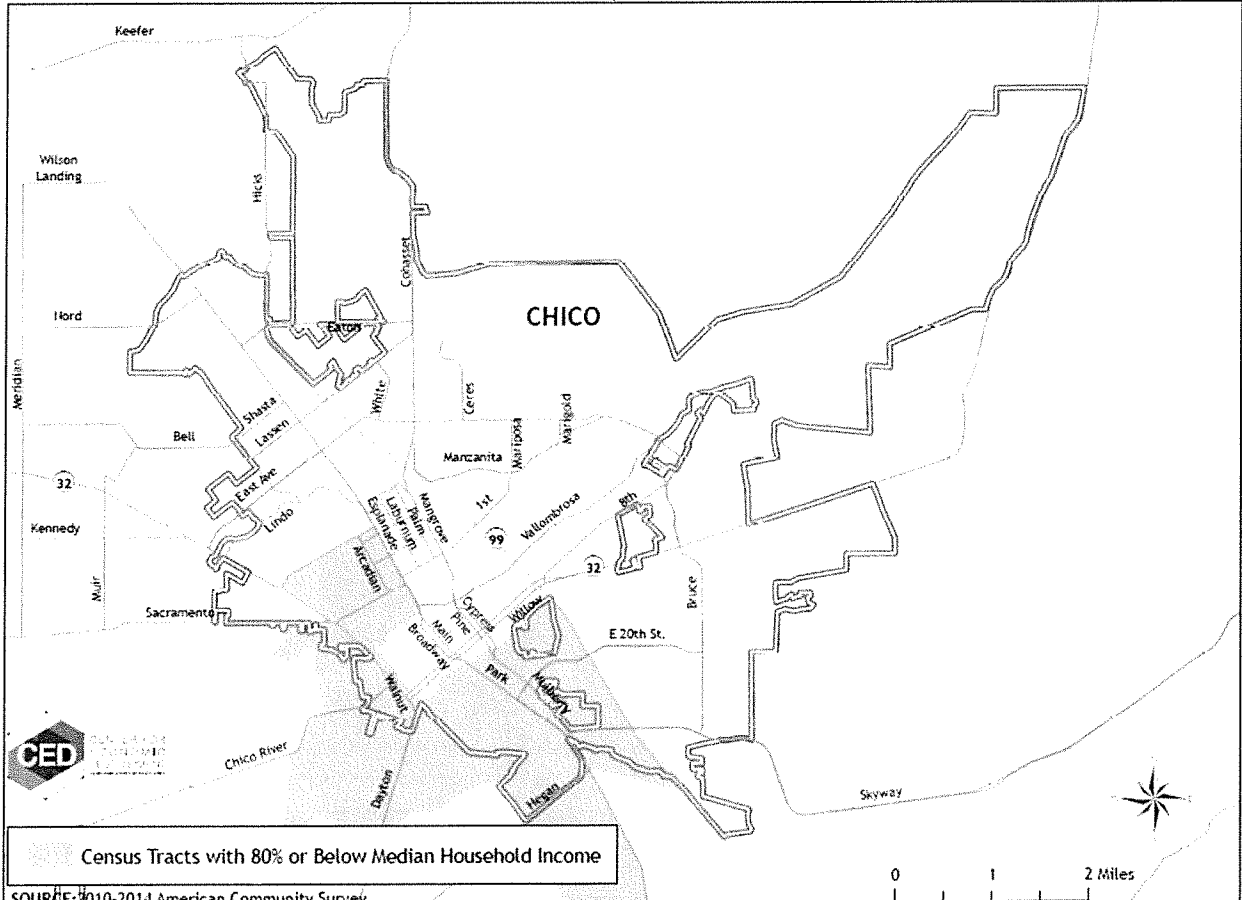
# Portability

**Payment Standards:** Payment standards for I-HA and R-HA may be different.  
Example: HACB or I-HA 1-bedroom payment standard is \$975. R-HA 1-bedroom standard may be \$1800.

**Re-Screening:** The R-HA may re-screen you using their own policies, which may be different than HACB or I-HA.

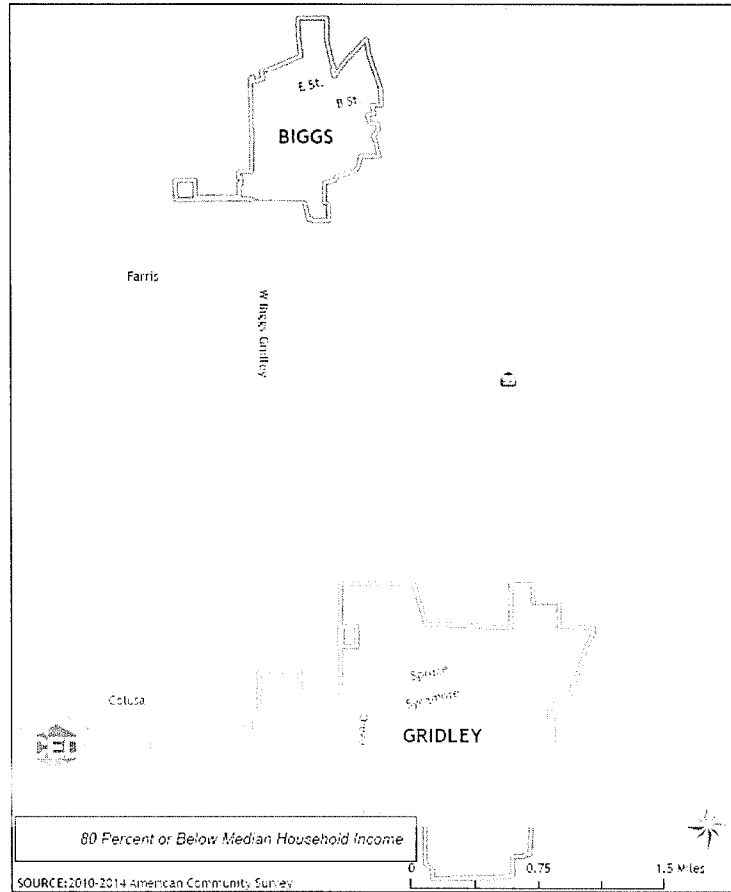
**Time Management:** Manage your move so that you have enough time to arrive at the R-HA before your voucher from the I-HA expires.

Census Tracts in Chico:  
80% or Below Butte County Median Household Income

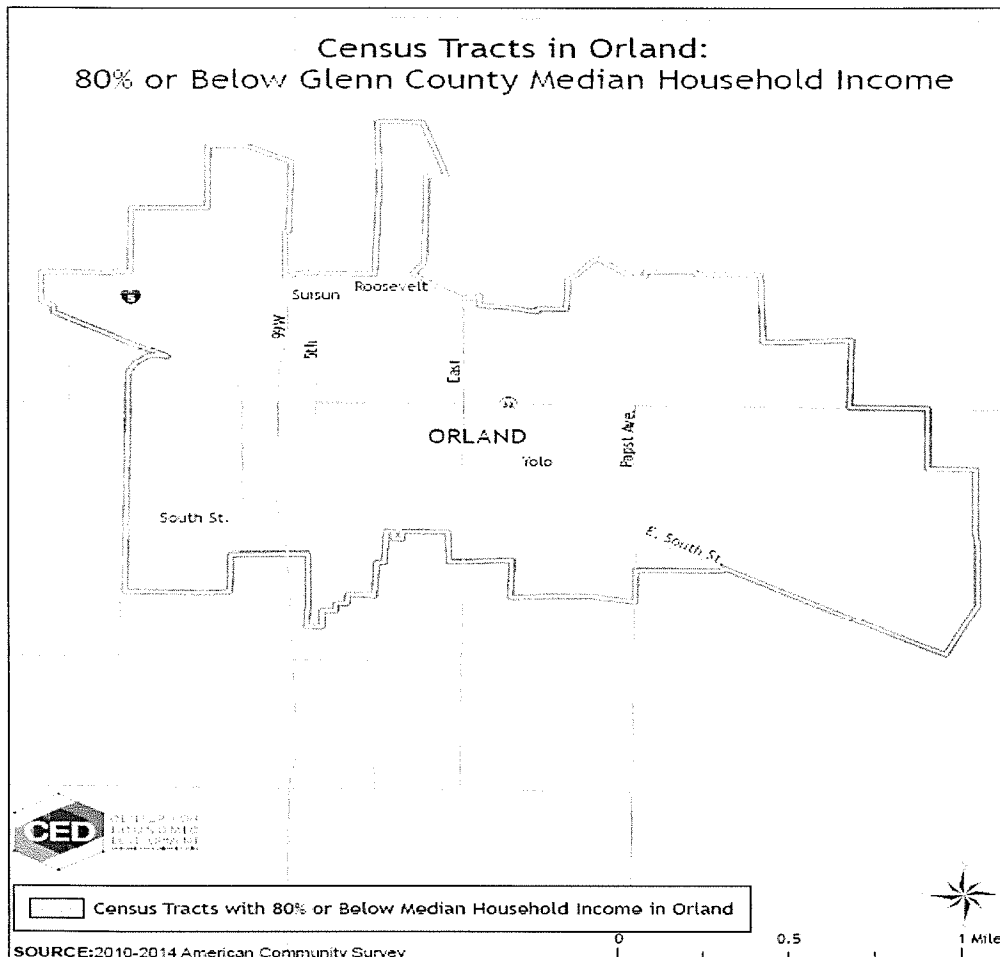


SOURCE: 2010-2014 American Community Survey

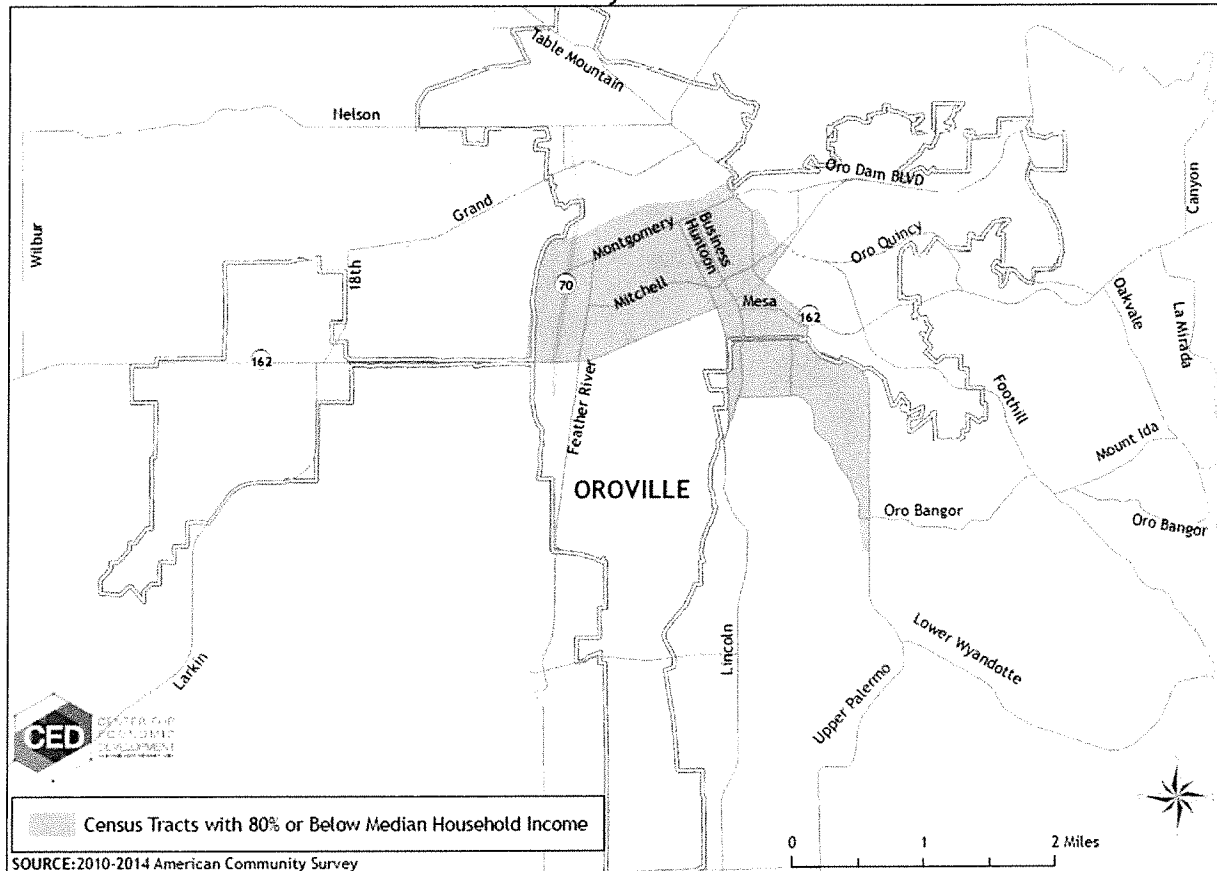
Census Tracts in Gridley/Biggs:  
80% or Below Butte County Median Household Income



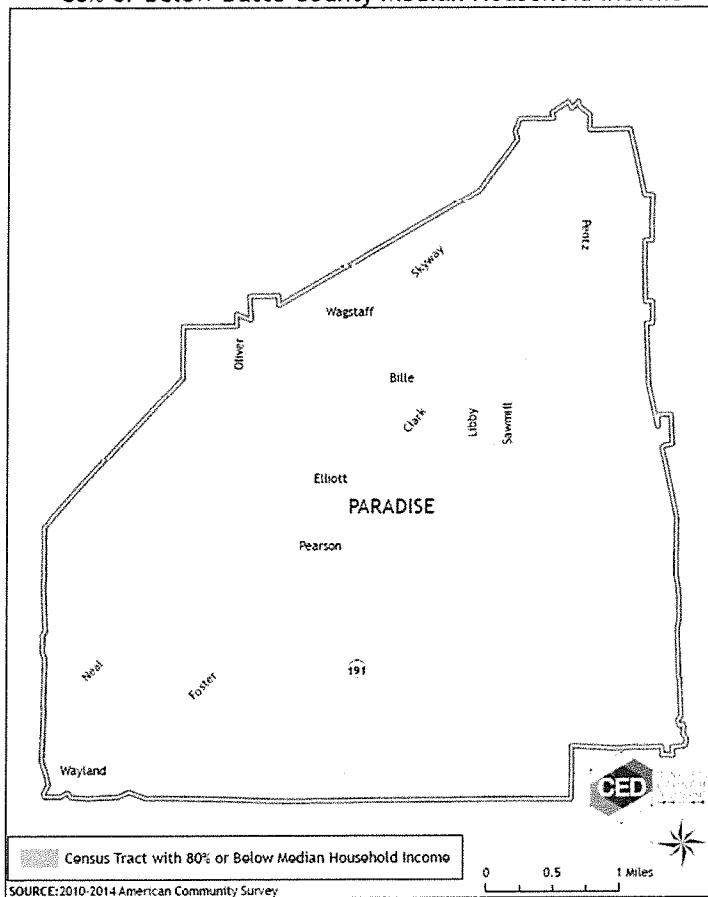
Census Tracts in Orland:  
80% or Below Glenn County Median Household Income



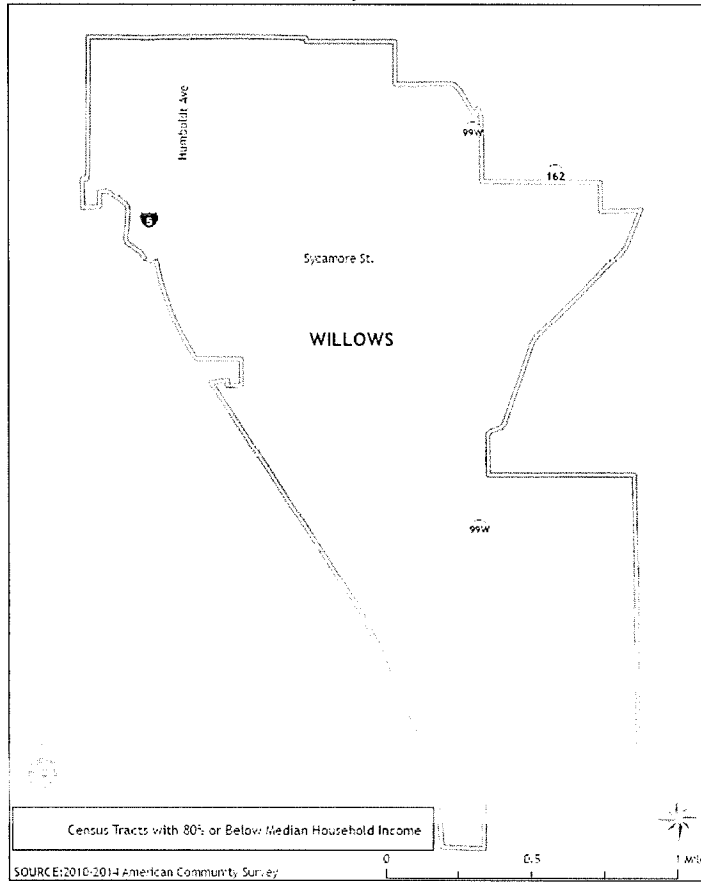
### Census Tracts in Oroville: 80% or Below Butte County Median Household Income



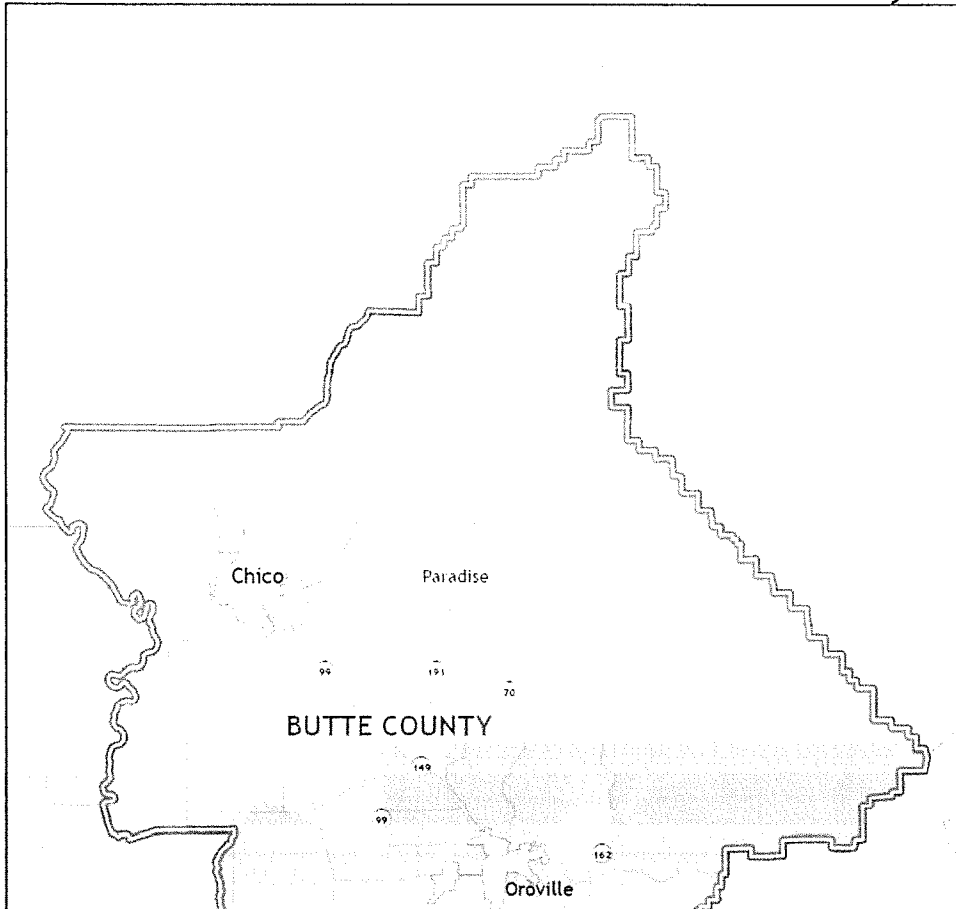
### Census Tracts in Paradise: 80% or Below Butte County Median Household Income



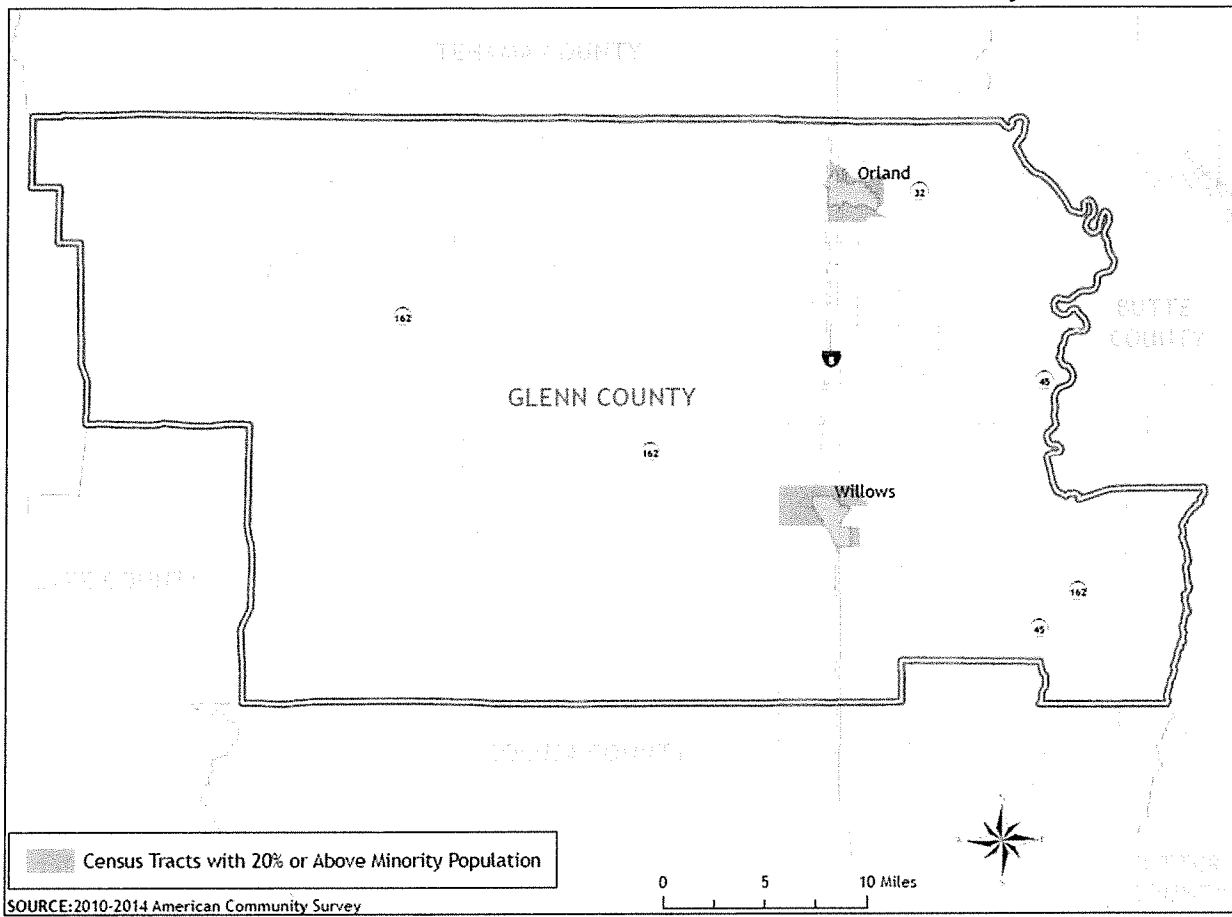
Census Tracts in Willows:  
80% or Below Glenn County Median Household Income



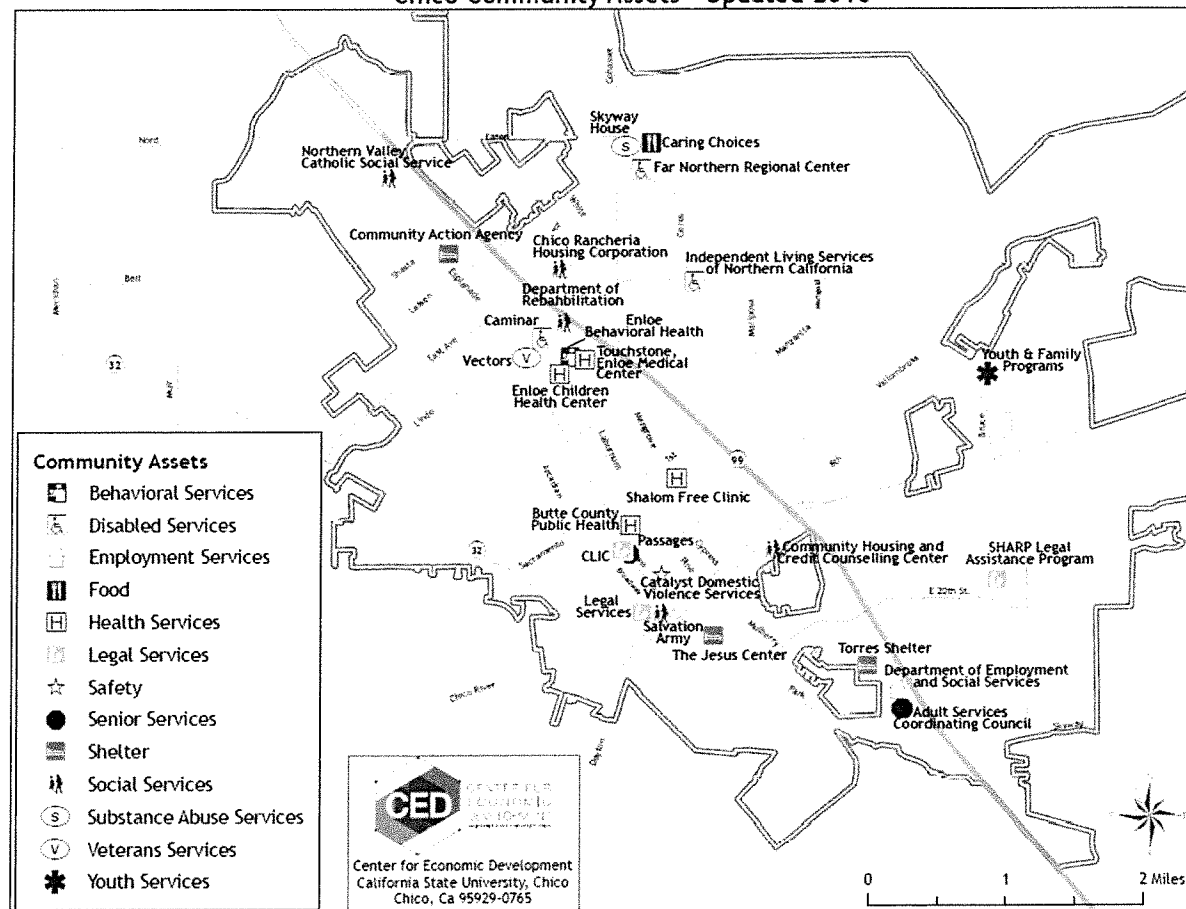
Ethnic Minorities Above 20 Percent in Butte County



# Above 20 Percent of Ethnic Minorities for Glenn County



# Chico Community Assets - Updated 2016



# Advantages of De-Concentration

Studies have show that low income families living in concentrated poverty face a variety of challenges to their safety, health, and economic health, including poor schools, high crime and unemployment.

# Advantages of De-Concentration

## **Some advantages of moving out of poor neighborhoods include:**

- Provide more opportunities for employment, good schools, and better quality of life.
- Bring greater proximity to job opportunities of contacts with new networks of neighbors who might steer "movers" to jobs.
- Provide improved access to public transportation.
- Improve access to resources such as libraries, health clinics, and other social service resources.



The screenshot shows the website interface for the Housing Authority of the County of Butte. It features a top navigation bar with links: HOME, GENERAL INFORMATION, APPLICANTS, PARTICIPANTS, LANDLORDS, RESOURCES, and STAFF & CONTACTS. The main content area is divided into several sections:
 

- LOCATIONS:** Main Office, 2535 Forest Ave, Chico, CA 95926. Phone: (530) 843-4272, Fax: (530) 895-4492, TDD: (530) 726-3925, Email: info@buttehousing.com.
- NEWS:** A section for updates.
- APPLY:** A section for housing applications.

 The page also includes introductory text about the agency's mission and a commitment to equal opportunity.

Helpful links to information about local schools, transportation, community organizations, and more.

## Summary

- Locate a suitable unit in Butte or Glenn County
- Complete Pre-Lease eligibility
- Return Request for Tenancy Approval
- Unit must pass inspection
- Protect your voucher

# Next Steps

- Homeless Questionnaire
  - Meet one-on-one to sign Voucher
  - Office Hours for HACB
    - **Hours:** Mon-Thurs, 9:00 am – 4:00 pm, Fri. 9-12pm
- \*\*Doors Open 1:00 pm-5:00 pm Mon-Thurs only\*\***