

Date:

Title

FACILITY USE WAIVER QUESTIONNAIRE

Projects with HOME funding are ineligible to receive a facility use waiver In order to grant a request for a waiver of annual reporting PHB needs to evaluate the following information. Please be as complete in your answers as possible. Please explain how your project qualifies as a facility? What is the mission of your agency and/or project? What are facility amenities for residents? (For example - 15 SRO units with 5 full service bathrooms, onsite laundry with meals and a monitored medication dispensary) Please describe how units or beds are filled (Are they referred? If yes, by whom?) How are residents screened at move-in and what type of documentation is required? Who is your target population? (For example – those receiving SSI and/or have a particular condition?) Signature Date