

2. Payment of Rent and Other Charges. FSA agrees to pay rent, water, trash and sewer charges during the Term for the Apartments which are occupied by Clients in the amount of (i) \$950.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$45.00 monthly for water, trash and sewer for a one-bedroom apartment; (ii) \$1,045.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$55.00 monthly for water, trash and sewer for a two-bedroom unit; and (iii) \$1,350.00 for monthly rent, \$0 for washer/dryer, \$0 for parking space and \$65.00 monthly for water, trash and sewer for a three-bedroom apartment. Neither Owner nor FSA shall have any responsibility for electric, gas, or other utilities not specifically identified above. Rent and such other charges shall be due and payable on the first day of each month and shall be subject to a late charge of six percent (6%) of base monthly rental, if not received by the close of business on the third day of the month. It is further acknowledged that, absent a further agreement between FSA and Owner, no term of a Lease for an Apartment shall extend beyond the end of the Term, unless Owner and the Client otherwise agree in writing to extend the Term of such Lease.

3. Form of Lease Agreement. Owner and FSA acknowledge and agree that Owner and each Client will execute and deliver a Lease Agreement for an Apartment in the form of the Lease Agreement attached hereto as Exhibit "B", subject to modification to fit a particular Client or Apartment and such other modifications as may be required by law or reasonably requested by Owner from time to time that do not affect the economic terms of the Lease Agreement (the "Lease Agreement"). The Lease Agreement will provide that (i) rent, water, trash and sewer charges and the security deposit will be the sole responsibility of FSA and (ii) in the event FSA fails to pay the rent, water, trash and sewer charges and make the security deposit with respect to that Client's apartment, Client will be deemed in default of any of such charges and Owner shall have all legal rights against such Client under the Lease Agreement and applicable law.

4. Security Deposit. FSA shall pay the security deposits for the Apartments in the total amount of \$5,100 with the rent for the first month. The security deposits shall be deemed allocated \$425.00 per Apartment. If Owner uses any of the security deposit for a particular Apartment, FSA shall replenish the security deposit for that Apartment immediately upon demand by Owner. In addition, FSA shall be responsible for any costs of care, cleaning and maintenance of an Apartment rented to a Client in excess of such security deposit but only to the extent FSA is reimbursed such costs by the U.S. Department of Housing and Urban Development ("HUD").

5. Lease Term. Unless otherwise agreed by Owner in writing, the lease term for an Apartment shall be month-to-month.

6. Qualification of Tenants. All Clients referred by FSA to Owner will be subject to the normal and customary tenant qualification requirements and screening by Owner for the apartment complex. Owner shall determine the suitability of a Client in its reasonable judgment based upon the results of such qualification and screening process. Each accepted Client shall execute a Lease Agreement and shall comply with all the terms and conditions of the Lease Agreement imposed upon tenant. Owner shall have all of the rights against Client under the Lease Agreement and applicable law, including the right to evict such Client for failure to comply with the Lease Agreement, or any other lawful grounds for eviction.

7. Insurance. Owner covenants and agrees to obtain and maintain throughout the Term public liability insurance insuring Owner and FSA in an amount not less than One Million Dollars (\$1,000,000) per occurrence and in the aggregate, with FSA being named as an additional insured, from an insurer reasonably acceptable to FSA. In addition, Owner covenants and agrees to obtain and maintain throughout the Term fire and casualty insurance insuring the Apartment Complex. Owner will provide certificates of such insurance to FSA upon execution of this Agreement and upon any renewal or replacement of such insurance.

8. Default by FSA. In the event FSA shall default in any of its obligations under this Agreement and fail to cure such default within ten (10) days following written notice of default from Owner, Owner shall have the right to refuse to accept any further Clients referred by FSA. In addition, Owner shall have the right to recover damages on account of FSA's breach of this Agreement.

9. Default by Owner. In the event Owner shall default in its obligations under this Agreement and fail to cure such default within ten (10) days following written notice of default from FSA, FSA shall have the right to terminate this Agreement and to recover damages on account of Owner's breach of this Agreement.

10. Limitation on FSA Liability. The parties agree that in no circumstance whatsoever, except for failure of FSA to give Owner the requisite thirty-five (35) days notice provided in Section 1(b) hereinabove) shall FSA have any liability or responsibility beyond the specific terms of this Agreement, and in no circumstance whatsoever shall FSA have any duty or liability to pay Owner any amount in excess of that paid to FSA by HUD with respect to benefits for Clients occupying the Apartments. This Agreement shall become effective only upon HUD's approval of this Agreement, the form of Lease Agreement and the Apartment Complex itself. This Agreement will be of no further force or effect if such approval is not obtained within _____ () days from the date hereof.

11. Disputes. In the event any action or proceeding is instituted to enforce or interpret this Agreement, the party prevailing in such action or proceeding shall be entitled to recover its reasonable attorney's fees and costs. Any action to enforce or interpret this Agreement shall be instituted and maintained in the Superior Court of Riverside County, California. Each of the parties hereby consents to the jurisdiction of said Court and waives any objections to such jurisdiction.

12. Waiver, Modification or Amendment. No waiver, modification or amendment (collectively, a "Change") hereof shall be valid or enforceable unless in writing and duly executed by the party charged therewith (as to a waiver) or by the parties hereto (as to any other Changes).

13. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns. This Agreement may not be assigned by FSA without the prior written consent of Owner. This Agreement may be assigned by Owner to any party acquiring the Apartments.

14. Governing Law. This Agreement shall be governed and construed in accordance with the internal laws of the State of California.

15. No Third Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to or shall confer upon any other person or entity any legal or equitable right, benefit or remedy of any nature under or by reason of this Agreement.

16. Notices. All notices and other communications hereunder shall be in writing and shall be deemed duly given (a) on the date of delivery, if delivered personally or (b) on the first business day following the date of dispatch, if delivered by a recognized next-day courier service or (c) on the earlier of confirmed receipt or the fifth business day following the date of mailing, if delivered by registered or certified mail, return receipt requested, postage pre-paid. All notices shall be delivered to the address set forth below, or pursuant to such instructions as may be designated in writing by the party to receive such notice:

(a) If to Owner:

M. Timm Development, Inc.
233 East Carrillo Street, Suite D
Santa Barbara, CA 93101
Attn: Matthew J. Easter

(b) If to FSA:

Family Service Association
21250 Box Springs Road, Suite 212
Moreno Valley, CA 92557
Attn: Don Betco, CEO

17. Entire Agreement. This Agreement and the exhibits hereto constitute the entire agreement of the parties with respect to the subject matter hereof and supercede all prior written agreements, arrangements, communications and understandings, and all prior and contemporaneous oral agreements, arrangements, communications and understandings between the parties.

18. Counterparts; Signatures. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall be deemed one and the same instrument. This Agreement may be executed by facsimile signature or electronic pdf signature.

19. Time of Essence. Time is of the essence with regard to all dates and time periods set forth or referred to in this Agreement.

IN WITNESS WHEREOF, Owner and FSA have caused this Agreement to be executed
as of the 21 day of June, 2010.

M. TIMM DEVELOPMENT, INC., a
California corporation

By [Signature]
Title: Vice President

FAMILY SERVICE ASSOCIATION, a
California nonprofit corporation

By [Signature]
Title: President / CEO

MORENO VALLEY APARTMENTS ONE

By [Signature]
Title: Vice President

EXHIBIT "A"

LIST OF APARTMENTS

1. 23396 Hemlock Ave #302 Moreno Valley Ca 92557
2. 23394 Hemlock Ave #202 Moreno valley Ca 92557
3. 23396 Hemlock Ave #202 Moreno Valley Ca 92557
4. 23420 Hemlock Ave #302 Moreno Valley Ca 92557
5. 23402 Hemlock Ave #101 Moreno Valley Ca 92557
6. 23390 Hemlock Ave #101 Moreno Valley Ca 92557
7. 23394 Hemlock Ave #208 Moreno Valley Ca 92557
8. 23412 Hemlock Ave #202 Moreno Valley Ca 92557
9. 23380 Hemlock Ave #201 Moreno Valley Ca 92557
10. 23380 Hemlock Ave #202 Moreno Valley Ca 92557
11. 23410 Hemlock Ave #102 Moreno Valley Ca 92557
12. 23410 Hemlock Ave #201 Moreno Valley Ca 92557

EXHIBIT "B"

LEASE AGREEMENT

LEASE AGREEMENT
(FSA Tenant)

THIS AGREEMENT is made and entered into this _____ day of _____, 20____, between La Pacifica Apartments "Owner/Agent", whose address and phone number are 23400 Hemlock Avenue, Moreno Valley, CA 92557 (951) 243-7271, and _____ "Resident". THE PARTIES AGREE AS FOLLOWS:

RENTAL UNIT: Subject to the terms and conditions of the Agreement, Owner rents to Resident and Resident rents from Owner, for residential use only, the premises located at: _____ Moreno Valley, CA, 92557.

1. **RENT:** Rent is due in advance on the first day of each and every month, at \$999.00 per month; Washer/Dryer Rental at \$0; Garage Rental at \$0.00; Water, Trash, Sewer Charge at \$55.00; Total Monthly Charges \$1,054.00, beginning the month of _____, payable at 23400 Hemlock Avenue Moreno Valley, CA 92557. Payments made in person may be delivered to Owner/Agent between the hours of 9:00 AM to 6:00 PM on the following days of the week: Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. Sunday 12:00 PM to 5:00 PM.

Acceptable methods of payment: Personal Check, Cashier's Check, Money Order, and Credit Card (See Owner/Agent for details) **NO CASH ACCEPTED**

If rent is paid after the **THIRD** of the month, a late charge of **\$59.94** will be assessed on the fourth. Pursuant to California law, if Resident passes a check on insufficient funds, Resident will be liable to Owner/Agent for the amount of the check and a service charge of **\$50.00**. After one personal check is returned, Owner/Agent will only accept payments from Tenant in the form of either a cashier's check, credit card or a money order. In the event that Owner/Agent has to initiate the eviction process after a three (3) day to pay or quit period expires, Tenant agrees to pay a fee of **\$750.00** to compensate Owner/Agent for their time and expense relating to the initiation of the eviction process. **THIS IS IN ADDITION TO ANY ATTORNEY'S FEES THAT WILL BE INCURRED.** If any Resident has any balance due that carries forward into current month, all money paid will be applied to the previous month's balance.

NOTWITHSTANDING THE FOREGOING, RENT, WATER, TRASH, AND SEWER CHARGES SHALL BE PAID BY FAMILY SERVICE ASSOCIATION, A CALIFORNIA NONPROFIT CORPORATION ("FSA"). FSA SHALL FURTHER BE RESPONSIBLE FOR PLACEMENT OF THE SECURITY DEPOSIT. IN THE EVENT FSA FAILS TO PAY RENT, WATER, TRASH AND SEWER CHARGES OR COMPLY WITH THE SECURITY DEPOSIT PROVISIONS OF THIS LEASE, RESIDENT SHALL BE DEEMED IN DEFAULT UNDER THIS LEASE AND LANDLORD SHALL HAVE ALL LEGAL RIGHTS AGAINST RESIDENT, EXCEPT THE RIGHT TO COLLECT UNPAID RENT, WATER, TRASH AND SEWER CHARGES, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO TERMINATE THIS LEASE, INSTITUTE AN UNLAWFUL DETAINER ACTION AGAINST RESIDENT, AND EXERCISE SUCH OTHER RIGHTS AND REMEDIES AS SHALL BE PROVIDED IN THIS LEASE OR BY APPLICABLE LAW.

ABSENT A FURTHER WRITTEN AGREEMENT BETWEEN RESIDENT AND OWNER AND NOTWITHSTANDING ANY OTHER PROVISION OF THIS LEASE, THIS LEASE SHALL TERMINATE ON THE TERMINATION DATE SET FORTH ABOVE OR _____, 2012, WHICHEVER FIRST OCCURS. RESIDENT ACKNOWLEDGES AND AGREES THAT EXCEPT FOR PAYMENT OF THE RENT, SECURITY DEPOSIT, WATER, TRASH AND SEWER CHARGES, RESIDENT ALONE IS LIABLE TO OWNER/AGENT FOR AMOUNTS OWED AND OTHER OBLIGATIONS UNDERTAKEN IN THIS LEASE. IN ADDITION TO AND NOT IN LIMITATION OF THE FOREGOING, RESIDENT SHALL HAVE NO CLAIM AGAINST FSA WHATSOEVER IN THE EVENT THAT FSA FAILS TO TIMELY PAY OR EVER PAY ANY ONE OR MORE OF THE RENT, SECURITY DEPOSIT, WATER, TRASH AND/OR SEWER CHARGES ON BEHALF OF RESIDENT.

2. **SECURITY DEPOSIT:** Resident shall deposit with Owner/Agent, as a security deposit, the sum of \$425.00 prior to taking possession of the unit and Total Deposit \$425.00.

SET UP FEES: Washer/dryer deposit \$0.00 Garage Deposit \$0.00

Resident shall not use the security deposit to pay any month's rent. Owner/Agent may withhold from the security deposit only such amounts as are reasonably necessary to remedy Resident defaults including, but not limited to, the following:

- (a) Defaults in the payment of rent.
- (b) To repair damages to the premises caused by Resident, exclusive of ordinary wear and tear.
- (c) To clean the premises, if necessary, upon termination of the tenancy in order to return the unit to the same level of cleanliness it was in at the inception of the tenancy.
- (d) To restore, replace, or return personal property or appurtenances, exclusive of ordinary wear and tear.
- (e) Tenant agrees to forfeit deposit as a penalty in the event they do not complete their lease term.

No later than twenty-one (21) calendar days after Owner/Agent has regained possession of the premises, Owner/Agent shall return any remaining portion of such security deposit to Resident.

3. **TERM:** The term of this Agreement is for twelve (12) months beginning on _____ and ending on _____, at which time this lease shall terminate without further notice. Any holding over thereafter shall result in Resident being liable to Owner/Agent for daily rental damages equal to the current market value of the unit, divided by thirty (30). A "month-to-month" tenancy subject to the terms and conditions of this Agreement shall be created only if Owner/Agent accepts rent from Resident thereafter, and if so accepted, tenancy may be terminated by Resident after service upon the Owner/Agent by service upon the Resident of a written thirty (30)-day notice of termination upon lease expiring or the month-to-month tenancy may be terminated thereafter by the Owner/Agent. Any other term the Resident shall pay through the end of their lease term.

4. **CASH PAYMENT (Money Order or Cashier's Check only):** The Owner/Agent may demand or require a money order or cashier's check as the exclusive form of payment of rent or deposit of security if the Tenant has previously attempted to pay the Owner/Agent with

a check drawn on insufficient funds or the Tenant has instructed the drawee to stop payment on a check, draft, or order of the payment of money. If the Owner/Agent chooses to demand or require a money order or cashier's check for payment under these circumstances, the Owner/Agent shall give the Resident a written notice stating that the payment instrument was dishonored and informing the Resident that the Resident shall pay with a money order or cashier's check for a period determined by Owner/Agent and attach a copy of the dishonored instrument to the notice.

5. **OCCUPANTS:** Premises shall be occupied only by the following named person(s)

_____ Name	_____ Birth date	_____ Name	_____ Birth date
_____ Name	_____ Birth date	_____ Name	_____ Birth date
_____ Name	_____ Birth date	_____ Name	_____ Birth date

6. **PROHIBITIONS:** Without Owner/Agent's prior written permission as an addendum to this Agreement, no pets, no water beds or liquid-filled furniture or per decision of criminal check shall be kept or allowed in or about the premises.

7. **QUIET ENJOYMENT:** Resident shall not violate any criminal or civil law, ordinance or statute in the use and occupancy of the premises, commit waste or nuisance, annoy, molest or interfere with any other Resident or neighbor. Any such action may result in the immediate termination of this Agreement as provided herein and by law.

8. **REPAIRS AND ALTERATIONS:** Except as provided by law, no repairs, decorating or alterations shall be done by Resident without Owner/Agent's prior written consent. Resident shall notify Owner/Agent in writing of any repairs or alterations contemplated. Decorations include, but are not limited to, painting and wallpapering. Resident shall hold Owner/Agent harmless and indemnify Owner/Agent as to any mechanics lien recordation or proceeding caused by Resident. Resident may not make any alterations to cable or telephone inside wiring (such as may occur when changing telecommunications providers or adding phone lines) without prior written consent of the Owner/Agent. The notice shall include the name, address, and telephone number of any new telecommunication provider. Resident agrees to pay all costs resulting from the alteration and agrees to pay the Owner/Agent any costs associated with restoring the inside wiring to the condition at the time of move-in, except for reasonable wear and tear.

9. **ACCEPTANCE OF PREMISES:** Resident has inspected the premises, furnishings and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.

10. **CARE, CLEANING, MAINTENANCE AND INSURANCE:** Resident agrees to leave the premises in the same condition as it was received, subject to normal wear and tear.

Except as prohibited by law, Resident shall keep the premises and furniture, furnishings and appliances, and fixtures, which are rented for Resident's exclusive use, in good order and condition. Upon move-out, Resident agrees to return the unit to the same level of cleanliness it was in at the inception of the tenancy. Resident is not responsible for the upkeep of the yard and landscaping. Resident shall pay Owner/Agent for costs to repair, replace or rebuild any portion of the premises damaged by the Resident, Resident's guests or invitees. Resident's property is not insured by Owner/Agent. Resident is not a co-insured and is expressly excluded from any insurance policy held by Owner/Agent which is now in effect or becomes effective during the term of this Agreement. Resident agrees to have only Owner/Agent clean the carpets at time of move out. The cost of the carpet cleaning is specified on the attached cleaning addendum.

11. **UTILITIES:** Resident shall pay for all utilities, services and charges, if any, made payable by or predicated upon occupancy of Resident. Trash, water and sewer charges will be billed monthly at the rate of \$45.00 per month for a 1 bedroom apartment, \$55.00 per month for a 2 bedroom apartment, and \$65.00 per month for a 3 bedroom apartment. Resident agrees to pay \$15 per day for every day the electricity is left in the Owner's name. Resident agrees to pay \$15 per day for every day the gas is left in the Owner's name. _____
Initial(s)

12. **WAIVER OF BREACH:** The waiver of either party of any breach shall not be construed to be a continuing waiver of any subsequent breach. The receipt by Owner/Agent of the rent with the knowledge of any violation of a covenant or condition hereto shall not be deemed a waiver of such breach. No waiver by either party of the provisions herein shall be deemed to have been made unless expressed in writing and signed by all parties to this Rental Agreement.

13. **JOINT AND SEVERAL LIABILITY:** The undersigned Resident(s), whether or not in actual possession of the premises, are jointly and severally liable for all obligations under this Rental Agreement and shall indemnify Owner/Agent for liability arising prior to the termination of the Rental Agreement for personal injuries or property damage caused or permitted by Resident(s), their guests and invitees. This does not waive "Owner/Agent's duty of care" to prevent personal injury or property damage where that duty is imposed by law.

14. **ENTRY:** California law allows Owner/Agent or his/her employee(s) to enter the premises for certain purposes during business hours. Owner/Agent will provide written notice to the Resident prior to the entry of the dwelling unit whenever required by state law. (Civil Code Section 1954) Resident's non-compliance with Owner/Agent's lawful request for entry is a material breach of this Agreement that may be cause for immediate termination as provided herein and by law.

15. **SUBLETTING AND ASSIGNMENT:** No portion of the premises shall be sublet nor this Agreement assigned. Any attempted subletting or assignment by Resident shall, at the election of Owner/Agent, be an irremediable breach of this Agreement and cause for immediate termination as provided herein and by law.

16. **BREACH OF LEASE:** In the event that Resident breaches this Lease Agreement, Owner/Agent shall be allowed, at Owner/Agent's discretion, but not by way of limitation, to exercise any or all remedies provided Owner/Agent by California Civil Code Section 1951.2

and 1951.4. Damages Owner/Agent "may recover" include the worth at the time of the award of the amount by which the unpaid rent for the balance of the term after the time of award, or for any shorter period of time specified in the Lease Agreement, exceeds the amount of such rental loss for the same period that the Resident proves could be reasonably avoided.

17. **SALE OF PROPERTY:** In the event of the sale or refinance of the property: If Owner/Agent presents to Resident a "Resident's Certification of Terms-Estoppel Certification," or other similar Estoppel Certification form, Resident agrees to execute and deliver the certificate acknowledging that this Lease Agreement is unmodified and in full force and effect, or in full force and effect as modified with the consent of Owner/Agent, and stating the modifications, within ten (10) days of written notice. Failure to comply shall be deemed Resident's acknowledgement that the certificate as submitted by Owner/Agent is true and correct and may be relied upon by any lender or purchaser.

18. **SMOKE DETECTION DEVICE:** The premises are equipped with a functioning smoke detection device(s), and Resident shall be responsible for testing the device weekly and immediately reporting any problems, maintenance or need for repairs to Owner/Agent. If battery-operated, Resident is responsible for changing the detector's battery as necessary. Owner/Agent shall have a right to enter the premises to check and maintain the smoke detection device as provided by law.

X _____ Resident Initials X _____ Resident Initials

19. **NOTICE:** The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a data base of the locations of persons required to register pursuant to paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code. The data base is updated on a quarterly basis and a source of information about the presence of these individuals in any neighborhood. The Department of Justice also maintains a Sex Offender Identification Line through which inquiries about individuals may be made. This is a "900" telephone service. Callers must have specific information about individuals they are checking. Information regarding neighborhoods is not available through the "900" telephone service.

20. **ADDENDA:** By initialing as provided, Resident acknowledges receipt of the following applicable addenda, as indicated, copies of which are attached hereto, and are incorporated as part of this Agreement.

<input type="checkbox"/> Water Sub-metering 2.0	<input type="checkbox"/> Drug Free Housing 2.0 e
<input type="checkbox"/> Pool Rules 2.0 a	<input type="checkbox"/> Construction Addendum 2.0 f
<input type="checkbox"/> Insurance Addendum 3.0	<input type="checkbox"/> Pet Addendum 4.0 a
<input type="checkbox"/> Resident Policies & Rules 2.0 c	<input type="checkbox"/> Disaster Preparedness 3.0 a
<input type="checkbox"/> Tobacco Addendum 2.0 d	<input type="checkbox"/> Home Fire Prevention 3.0 b
<input type="checkbox"/> Delivery Release Addendum 3.0 c	<input type="checkbox"/> M.I/M.O Inspection/Orientation 5.0 b
<input type="checkbox"/> Satellite Addendum 3.0 d	<input type="checkbox"/> W/D Addendum 4.0
<input type="checkbox"/> Mold Addendum 2.0 b	<input type="checkbox"/> Parking/Garage/Key Addendum 5.0
<input type="checkbox"/> Cleaning Addendum 5.0 a	<input type="checkbox"/> Other

21. **ENTIRE AGREEMENT:** This Agreement, which includes all attachments referred to above, constitutes the entire agreement between the parties and cannot be modified except in writing and signed by all parties. Neither Owner/Agent, nor an agent or employee of Owner/Agent, has made any representations or promises other than those set forth herein.

22. **CREDIT REPORTS:** A negative credit report reflecting on your credit history may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. Resident expressly authorizes Owner/Agent (including a collection agency) to obtain Resident's consumer credit report, which Owner/Agent may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the terms of the Agreement and thereafter.

23. **ATTORNEY'S FEES:** If any legal action or proceeding is brought by either party to enforce any part of this Agreement, the prevailing party shall recover, in addition to all other relief, reasonable attorney's fees and court costs.

24. **ATTORNMEN:** Tenant covenants and agrees to _____ to the transferee of Landlord's interest in the real property by foreclosure, deed in lieu of foreclosure, exercise of any remedy provided in any encumbrance or underlying Lease, or operation of law (without any deductions or setoffs) except as expressly provided in this Lease or in any non-disturbance agreement, if requested to do so by the transferee, and to recognize the transferee as the lessor under this Lease. The transferee shall not be liable for any acts, omissions, or defaults of Landlord that occurred before the sale or conveyance; or the return of any security deposit except for deposits actually paid to the transferee and except as expressly provided in this Lease or in any non-disturbance agreement.

The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original

Date

Resident

Date

Resident

Date

Owner/Agent

Apartment

866.752.4606

[Home](#) | [Floor Plans](#) | [Feedback](#) | [Gallery](#) | [Contact](#)



Address

23400 Hemlock Ave
Moreno Valley
CA 92557

Contact Info

Phone: (866) 752-4606

Office Hours:

Mon-Sat 9am-5pm
Sun 12pm-5pm

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La Pacifica Apartment Homes Photo Gallery



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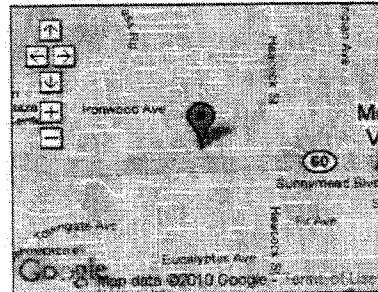
23400 Hemlock Ave.
Moreno Valley



[View All](#)

Map

Address
23400 Hemlock Ave
Moreno Valley
CA 92557



La Pacifica Apartment Homes Business Description

About La Pacifica Apartment Homes

Welcome home to **La Pacifica Apartment Homes**, where you will enjoy luxury living at affordable prices. Completed in 2005 (Phase 1), **La Pacifica Apartment Homes** stands out in the Moreno Valley area because of our wonderful location, included amenities, and top notch service. Located at 23400 Hemlock Avenue, **La Pacifica Apartment Homes** is close to everywhere you want to be in Moreno Valley. It is an ideal place to live and a great place to call home. Take a tour around the community and enjoy lush landscaping and our tranquil fish pond. For the more active, jump into the beautiful pool, or relax after a hard day in the hot tub. Get your body in tune with our state of the art fitness center or hit the sports court for some friendly competition. Take the little ones to our playground for a little play time. No matter what your lifestyle is you will find something to indulge yourself at **La Pacifica Apartment Homes**.

Cash Match



Executive Headquarters
 21250 Box Springs Road, Suite 212, Moreno Valley, CA 92557
 Phone 951-686-1096 / Fax 951-686-5382
 www.fsaca.org

Family Strength is Community Strength

Living Better

February 16, 2010

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Vice Chair

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- Margaret Wild
- Linda Wray
- Paul Zellerbach

Executive Officers

Chief Executive Officer

Dom Betro

encl

Chief Operating Officer

Veronica Dover

Chief Financial Officer

Deborah Starbuck

Susan Loew
 Director
 Riverside County DPSS
 4060 County Circle Drive
 Riverside, CA 92503

Subject: Supportive Housing Project – Documentation of Match and Leveraging

Dear Ms. Loew:

Family Service Association will be responsible for securing matching funds for Supportive Services and Operating support for the HUD Permanent Housing for Women with Disabilities. These amounts will be \$11,583 per year, for a two year total of \$23,167 (\$10,875 per year for Supportive Services Match and \$708 per year for Operational Match).

FSA will provide these matching funds primarily from client rent/occupancy fees. FSA also has a long and successful history in securing local government funding (i.e. CDBG, CSBG and discretionary funds). FSA will also secure any available funding under the Mental Health Services Act funding for Riverside County, in addition to private foundation and corporate giving programs.

This information is being provided to comply with the Technical Submission. If you should have any questions, please feel free to contact me personally.

Thank you for your consideration.

Sincerely,

Dom Betro
 President/CEO

RECEIVED DPSS
 JONICSS PROGRAMS UNIT
 2010 MAR -8 AM 10:21



Environmental Review



U.S. Department of Housing and Urban Development
 Los Angeles Field Office
 611 W. 6th Street, Suite 1000
 Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

Property Address: 23394 Hemlock, Moreno Valley Ca 92557 Units 202,208

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
 (This element is completed).
 Yes; HUD assistance may not be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.
 Yes; Document the following two items
 1) list of federal, state and local databases researched:
EPA Website Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
 Preparer Signature Name/Title (print) Date

JA Muedock, Fiscal Mgr
 Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10
 Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development
Los Angeles Field Office
611 W. 6th Street, Suite 1000
Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

Property Address: 23420 Hemlock, Moreno Valley Ca 92557 Units 302

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
(This element is completed).
 Yes; HUD assistance may not be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.
 Yes; Document the following two items

1) list of federal, state and local databases researched:
EPA Website

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin
Preparer Signature

Susan Larkin, Program Specialist II
Name/Title (print)

6-22-10
Date

J.A. Muredeck, Fiscal Mgr
Responsible Entity Certifying Official Name & Title (please print)

[Signature]
Responsible Entity Certifying Official Signature

6-22-10
Date



U.S. Department of Housing and Urban Development
 Los Angeles Field Office
 511 W. 6th Street, Suite 1000
 Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

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Property Address: 23402 Hemlock, Moreno Valley Ca 92557 Units 101

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed)
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
 (This element is completed).
 Yes; HUD assistance may not be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.
 Yes; Document the following two items
 1) list of federal, state and local databases researched:

EPA_Website_Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
 Preparer Signature Name/Title (print) Date

JAMURDOCK, FISCAL MGR
 Responsible Entity Certifying Official Name & Title (please print)

[Signature] 6-22-10
 Responsible Entity Certifying Official Signature Date



U.S. Department of Housing and Urban Development
 Los Angeles Field Office
 811 W. 6th Street, Suite 1000
 Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

According to HUD OCV Policy Memorandum of 3/21/97 and SNAPshots Policy Newsletter of 11/17/2000, the leasing of residential units is a categorically excluded activity subject only to the three Federal laws and authorities listed below. HUD grantees may not enter into long term lease contracts for specific dwelling units until the responsible entity has completed the following environmental review and approved, in writing, the specific subject sites. These requirements do not apply to tenant-based leasing. Do not use this review form for rehabilitation activities.

Property Address: 23390 Hemlock, Moreno Valley Ca 92557 Units 101

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
 (This element is completed).
 Yes; HUD assistance may **not** be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.
 Yes; Document the following two items
 1) list of federal, state and local databases researched:
 EPA_Website_Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
 Preparer Signature Name/Title (print) Date

JAMURDOCK, FISCAL MGR
 Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10
 Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development
Los Angeles Field Office
611 W. 6th Street, Suite 1000
Los Angeles, CA 90017

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Property Address: 23412 Hemlock, Moreno Valley Ca 92557 Units 202

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No: Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes: (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No: Attach copy of FEMA map for this area and identify subject site.
(This element is completed).
 Yes: HUD assistance may **not** be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.
 Yes: Document the following two items
1) list of federal, state and local databases researched:
EPA Website Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
Preparer Signature Name/Title (print) Date

JA MURDOCK, FISCAL MGR
Responsible Entity Certifying Official Name & Title (please print)

[Signature] 6-22-10
Responsible Entity Certifying Official Signature Date



U.S. Department of Housing and Urban Development
Los Angeles Field Office
611 W. 6th Street, Suite 1000
Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

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Property Address: 23380 Hemlock, Moreno Valley Ca 92557 Units 201,202

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
(This element is completed).
 Yes; HUD assistance may **not** be provided here.

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No. HUD Assistance may **not** be provided here.
 Yes; Document the following two items
1) list of federal, state and local databases researched.
EPA_Website_ Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
Preparer Signature Name/Title (print) Date

J Amurdock, Fiscal mgr
Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10
Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development
Los Angeles Field Office
611 W. 6th Street, Suite 1000
Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

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Property Address: 23410 Hemlock, Moreno Valley Ca 92557 Units 102,201

1. COASTAL BARRIERS RESOURCES ACT

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2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
(This element is completed).
 Yes; HUD assistance may not be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may not be provided here.
 Yes; Document the following two items
1) list of federal, state and local databases researched:
EPA Website Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Susan Larkin, Program Specialist II 6-22-10
Preparer Signature Name/Title (print) Date

JA Murdock Fiscal Mgr
Responsible Entity Certifying Official Name & Title (please print)

[Signature] Date 6-22-10
Responsible Entity Certifying Official Signature



U.S. Department of Housing and Urban Development
Los Angeles Field Office
611 W. 6th Street, Suite 1000
Los Angeles, CA 90017

ENVIRONMENTAL REVIEW FOR HOMELESS RESIDENTIAL LEASING ACTIVITIES

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Property Address: 23396 Hemlock, Moreno Valley Ca 92557 Units 202,302

1. COASTAL BARRIERS RESOURCES ACT

The Coastal Barriers Resources Act has **not** designated any coastal barrier islands on the West Coast. Therefore, all leasing activity in the West Coast is in compliance with the CBRA prohibition of federal assistance in the coastal barrier islands system.

2. FLOODPLAINS MANAGEMENT

Does the project involve leasing of five or more housing units located in a FEMA-identified Special Flood Hazard Area?
 No; Attach copy of FEMA map for this area or state number of units. (This element is completed).
 Yes; (Complete Eight Step Decision-Making Process per 24 CFR 55.20 to determine if there are any practicable alternatives to locating the project in the floodplain). Proceed.

Are any of the leases located in the floodway section of the floodplain or in a coastal high hazard area for housing not designed for such hazards?

No; Attach copy of FEMA map for this area and identify subject site.
(This element is completed).
 Yes; HUD assistance may **not** be provided here.

3. TOXIC SUBSTANCES AND HAZARDOUS MATERIALS

Is the property free of hazardous materials, contamination, toxic chemicals, gasses and radioactive substances, where these hazards could affect the health or safety of occupants?

No. HUD Assistance may **not** be provided here.

Yes; Document the following two items

1) list of federal, state and local databases researched:

EPA_Website_Attached

2) Field observations:

Premises are clean and well maintained. This property shows no evidence of environmental or health hazards

Susan Larkin Name/Title (print) Susan Larkin, Program Specialist II Date 6-22-00

J.A. MURDOCK, FISCAL MGR Responsible Entity Certifying Official Name & Title (please print)

[Signature] Responsible Entity Certifying Official Signature Date 6-22-00

From: Tracy, Don
To: Garcia, David, Murdock, Judith [Judi]
Date: 6/21/2010 10:13 AM
Subject: RE: FEMA Flood Maps

Hello Judith,

The list of properties on Hemlock Avenue west of Graham are all in FEMA Zone X according to Panel 06065C-0734G (8/28/2008). However, panel 734G is not a printed sheet. It is shown on the Index Sheet as having three asterisks that the footing note defines as "unincorporated areas are Zone D; all other areas are Zone X" - your properties fall into the "all other areas". Zone X means the site is outside of the 500-year floodplain. Zone X is the best zone for insurance purposes meaning the purchase is optional but if you choose to buy the insurance then it is available at the lowest rate. There may be some local drainage problem that is not officially mapped for flood insurance in which case it might be wise to purchase insurance at a zone X rate. Please check with local residents about history of drainage at the site.

Buy Flood Insurance - call and ask us about it
Don Tracy, Associate Civil Engineer
Riverside County Flood Control District
1995 Market Street
Riverside, California 92501

ph: 951-955-1271
email: dtracy@rcflood.org

Internet web sites for additional information:
Riverside County Flood Control and Water Conservation District
Riverside County Land Information System
County Ordinance 458.13 (Regulating Flood Hazards)
FEMA Floodplain Management

-----Original Message-----

From: Garcia, David
Sent: Thursday, June 17, 2010 4:44 PM
To: Tracy, Don
Subject: FW: FEMA Flood Maps

-----Original Message-----

From: Murdock, Judith (Judi)
Sent: Thursday, June 17, 2010 4:37 PM
To: Garcia, David
Subject: FEMA Flood Maps

Hi David,

Per our Conversation, here are the addresses of the sites for the FEMA Flood maps that we need. They are all located in one Apartment complex on Hemlock Ave. I have also attached what I was able to get from the FEMA web site. But it does not look like what we have sent HUD in the past. Any help you could provide would be very much appreciated.

All water bodies

Select an option to map:

- Air (0)
- Water (0)
- Waste (6)
- Land (6)
- Toxic (0)
- Radiation (0)

View:

- All
- 20 per page
- Single facility
- Facility cluster

Program System:

Legend:

Activity:

Search Place: 23441 Hemlock Ave, Moreno Valley, CA 92557 20799

Search on map | Enter facility name

Map controls: Zoom in, Zoom out, Home, Full Screen, etc.

Map Scale: 500 yds

Map Data: © ESRI, © Esri, © GeoRSS, © RM, © Metadata, © Where, © Get the Data!

Facility Name / Address	AHS	APC	APR	CERCLA	CIVIL	RCRA	RAD	TITLE	UTIL
ARCO FACILITY NO. 04555 23145 HEMLOCK MORENO VALLEY, CA 92557	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSGARD TRUCKING 12000 WEBB ST MORENO VALLEY, CA 92557	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORENO VALLEY CLEANERS 23779 SUITE A SUNNYMEAD MORENO VALLEY, CA 92553	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALCOYS #12 12460 GRAHAM ST MORENO VALLEY, CA 92553	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHEE TIRE #14 23135 HEMLOCK AVE. MORENO VALLEY, CA 92557	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHELL SERVICE STATION 23036 SUNNYMEAD MORENO VALLEY, CA 92553	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

View Report

View Report

View Report

View Report

View Report

View Report

View Report

View Report

Novell Print Client

Address: 7396 Hemlock Ave, Moreno Valley, CA 92577-8823

Search on map:

Select an option to map:

- Air (0)
- Water (0)
- Waste (6)
- Land (5)
- Toxics (0)
- Radiation (0)

Views:

- All
- 20 per page
- Single facility
- Facility cluster

My Location Settings:

Theme:

Web Style:

Facility Name	Address	View	Report
ALCO FACILITY RD 2555	23145 HEMLOCK MORENO VALLEY, CA 92557	View	Report
DELGADO TRUCKING	12088 WEBB ST MORENO VALLEY, CA 92557	View	Report
MORENO VALLEY CLEANERS	29779 SUITE A SUNNYMEAD MORENO VALLEY, CA 92583	View	Report
PEP BOYS #124	12460 GRAHAM ST MORENO VALLEY, CA 92555	View	Report
SCHER TIRE #14	23138 HEMLOCK AVE, MORENO VALLEY, CA 92557	View	Report
SHELL SERVICE STATION	23050 SUNNYMEAD MORENO VALLEY, CA 92553	View	Report

Search Place: 23135 Hemlock Ave, Moreno Valley, CA 92557 48025

Select an option to map:

- Air (0)
- Water (0)
- Waste (6)
- Land (6)
- Facility (0)
- Radiation (0)

View:

- All
- 20 per page
- Single facility
- Facility cluster

Search on map: Enter facility name

EnviroMapper

Shapefile | Spreadsheet | GetRSS | KMZ | Metadata | Where Can I Get the Data?

ARC'D FACILITY NO REGS	View
23145 HEMLOCK MORENO VALLEY, CA 92557	Report
DEL GALVA TRUCKING	View
12086 WEBB ST MORENO VALLEY, CA 92557	Report
MORENO VALLEY CLEANERS	View
23779 SUITE A SUNNMEAD MORENO VALLEY, CA 92553	Report
PEE BOYS #24	View
13460 GRAHAM ST MORENO VALLEY, CA 92553	Report
ST HER TIRE #14	View
23135 HEMLOCK AVE, MORENO VALLEY, CA 92557	Report
SMUL SERVICE STATION	View
23050 SUNNMEAD MORENO VALLEY, CA 92553	Report

Water, Waste Clear

Select an option to map:

- Air (0)
- Water (0)
- Waste (5)
- Land (6)
- Tanks (0)
- Radiation (0)

View:

- All
- 20 per page
- Single facility
- Facility cluster

Region: CA Home

City/State:

Industry:

Search Place: 2380 Hemlock Ave, Moreno Valley, CA 92557-7000

Search on map:

Map controls: Zoom in, Zoom out, Home, Full Screen, Layers, Info, Scale, Print, Share, etc.

Map Labels: Olive Wood Plaza Dr, Tower St, C. Clark St, Sunmead Blvd, Moreno Valley Fwy, Hemlock Ave, San Mar, Dead Ln, Bary Ct, Park St, Park St, Add High Concrete Co.

Map Scale: 300 yds

Map Source: Shaded, StreetView, Google, Bing, etc.

Facility Name / Address	View	Report
ARC FACILITY NO 92557 23848 HEMLOCK MORENO VALLEY, CA 92557	View	Report
DELGADO BLENCHING 12088 WEBB ST MORENO VALLEY, CA 92557	View	Report
MORENO VALLEY CLEANERS 23779 SUITE A SUNNMEAD MORENO VALLEY, CA 92553	View	Report
PRO BOYS #124 12440 GRAHAM ST MORENO VALLEY, CA 92553	View	Report
SCHER TIRE #14 23135 HEMLOCK AVE. MORENO VALLEY, CA 92557	View	Report
EMERGENCY SERVICE STATION 23950 SUNNMEAD MORENO VALLEY, CA 92553	View	Report

Sponsor Request for Amendment



Executive Headquarters

21250 Box Springs Road, Suite 212, Moreno Valley, CA 92557

Phone 951-686-1096 / Fax 951-686-5382

www.fsaca.org

Family Strength in Community Strength

Seizing Hope (2008)

Board of Directors

June 17, 2010

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Margaret Wild
Linda Wray
Paul Zellerbach

Judith Murdock
Riverside County
Department of Public Social Services
4060 County Circle Drive
Riverside, CA 92507

RE: Grant Amendment - Change of Location

Dear Judith:

We would like the location of our project be changed from the City of Hemet, CA to the City of Moreno Valley, CA. The reason for this change is as follows:

1. The Moreno Valley location is more conducive a location and is in close proximity to Family Service Association Hemlock Childcare Center offering greater integration of support services
2. These units will be available immediately, providing much needed housing within the approved rates to meet the housing needs our surrounding community.
3. Utilizing the HUD current funding for immediate leasing of housing in the City of Moreno Valley will enable us to offer increase housing and support services needed within the city.

Please refer to the enclosed revised technical submission for site details.

Thank you for your consideration of this request.

Sincerely,

DOM BETRO
CEO/President
Family Service Association

Executive Officers

Chief Executive Officer

Dom Betro

Chief Operating Officer

Veronica Dover

Chief Financial Officer

Deborah Starbuck



From: Tracy, Don
To: Garcia, David, Murdock, Judith [Judi]
Date: 6/21/2010 10:13 AM
Subject: RE: FEMA Flood Maps

Hello Judith,

The list of properties on Hemlock Avenue west of Graham are all in FEMA Zone X according to Panel 06065C-0734G (8/28/2008). However, panel 734G is not a printed sheet. It is shown on the Index Sheet as having three asterisks that the footing note defines as "unincorporated areas are Zone D; all other areas are Zone X" - your properties fall into the "all other areas". Zone X means the site is outside of the 500-year floodplain. Zone X is the best zone for insurance purposes meaning the purchase is optional but if you choose to buy the insurance then it is available at the lowest rate. There may be some local drainage problem that is not officially mapped for flood insurance in which case it might be wise to purchase insurance at a zone X rate. Please check with local residents about history of drainage at the site.

Buy Flood Insurance - call and ask us about it.
Don Tracy, Associate Civil Engineer
Riverside County Flood Control District
1995 Market Street
Riverside, California 92501

ph: 951-955-1271
email: dtracy@rcflood.org

Internet web sites for additional information:
Riverside County Flood Control and Water Conservation District
Riverside County Land Information System
County Ordinance 458.13 (Regulating Flood Hazards)
FEMA Floodplain Management

-----Original Message-----

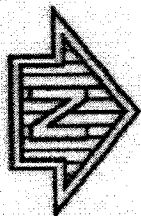
From: Garcia, David
Sent: Thursday, June 17, 2010 4:44 PM
To: Tracy, Don
Subject: FW: FEMA Flood Maps

-----Original Message-----

From: Murdock, Judith (Judi)
Sent: Thursday, June 17, 2010 4:37 PM
To: Garcia, David
Subject: FEMA Flood Maps

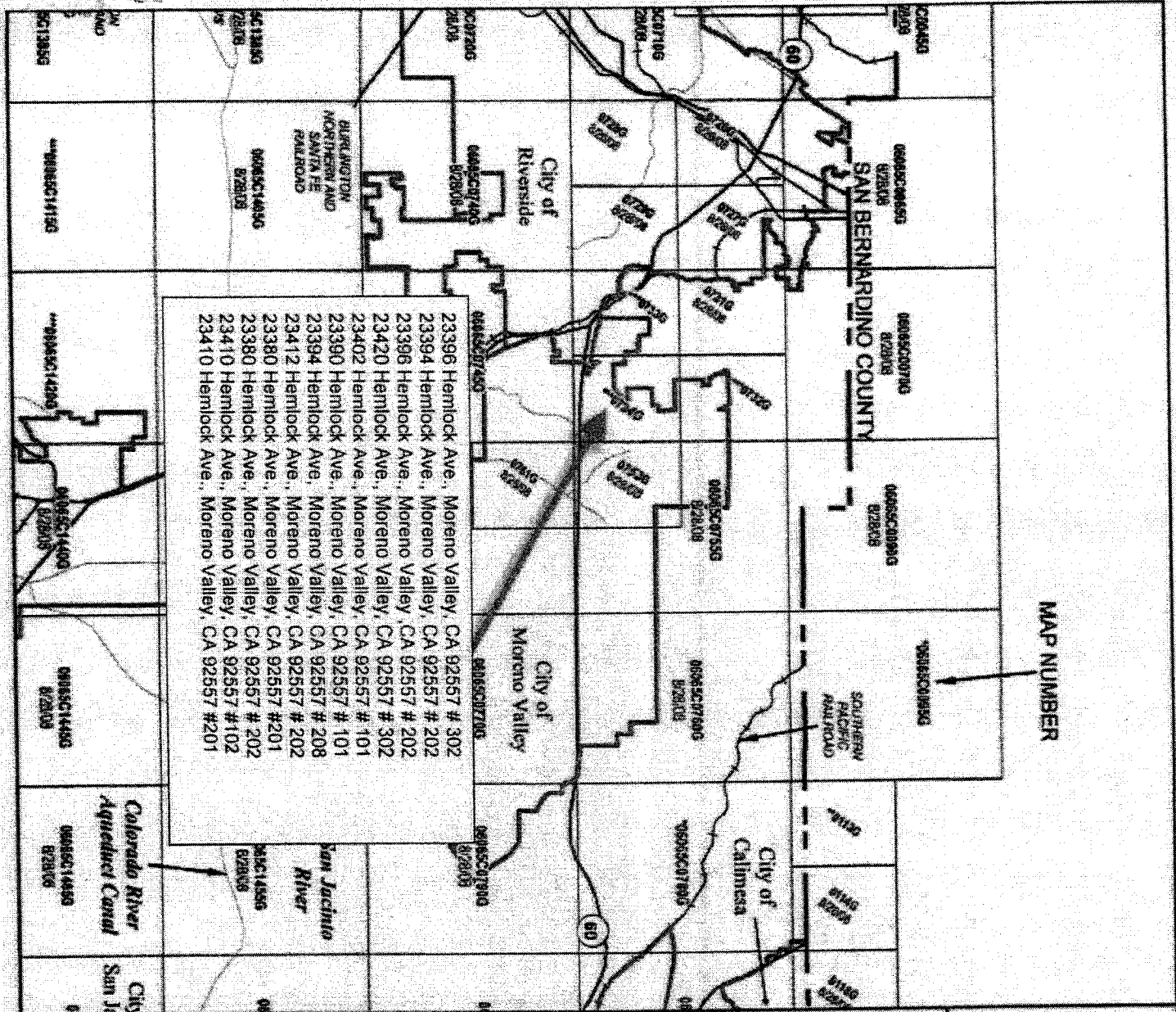
Hi David,

Per our Conversation, here are the addresses of the sites for the FEMA Flood maps that we need. They are all located in one Apartment complex on Hemlock Ave. I have also attached what I was able to get from the FEMA web site. But it does not look like what we have sent HUD in the past. Any help you could provide would be very much appreciated.



MAP NUMBER

- 23396 Hemlock Ave., Moreno Valley, CA 92557 # 302
- 23394 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23396 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23420 Hemlock Ave., Moreno Valley, CA 92557 # 302
- 23402 Hemlock Ave., Moreno Valley, CA 92557 # 101
- 23390 Hemlock Ave., Moreno Valley, CA 92557 # 101
- 23394 Hemlock Ave., Moreno Valley, CA 92557 # 208
- 23412 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23380 Hemlock Ave., Moreno Valley, CA 92557 # 201
- 23380 Hemlock Ave., Moreno Valley, CA 92557 # 202
- 23410 Hemlock Ave., Moreno Valley, CA 92557 # 102
- 23410 Hemlock Ave., Moreno Valley, CA 92557 # 201



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP
RIVERSIDE COUNTY,
CALIFORNIA
AND INCORPORATED AREAS
(SEE LISTING OR COMMENTS TABLE)

MAP INDEX
MAP NUMBER
0605SCIND1A
EFFECTIVE DATE
AUGUST 28, 2008

MAP INDEX

PANELS PRINTED: 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

This is an official copy of a portion of the above referenced flood risk. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information, visit National Flood Insurance Program Flood Maps at www.nfip.gov



Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____

Riverside County Community Services Directory
AGENCY INFORMATION FORM

Information on this form should pertain to the agency only.
Please use the Program Information form to add or change program details.

Agency Name: _____

List Aliases/ known abbreviations/ other names: _____

Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Main Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Legal Status

- Private, non-profit Public-County Public-State Public-Federal
 Faith Based For Profit Other _____

Tax Classification:

Year of Incorporation: _____

Office Days and Hours: _____

Eligibility/ Target Population:

Agency Description: _____

Languages spoken other than English: _____

Fees

- No Cost
- Low Cost
- Sliding Fee
- Donation
- Vary
- Other _____

Method of Payment

- Medi-Cal
- Cash
- Credit Cards
- Personal Check

Personnel

Agency Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Any additional information you would like us to be aware of?

Submitted by: _____

Phone: _____

Date : _____



Volunteer Center of Riverside

Please enclose your brochure and return to
 2-1-1 Riverside County
 P.O Box 5376
 Riverside, CA 92517-5376
 Phone: (800) 464-1123
 or (951) 686-4402 Ext. 751
 Fax: (951) 686-7417

Submitted/Updated by: _____	Date: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Reviewed by: _____	Date: _____



Riverside County Community Services Directory
PROGRAM INFORMATION FORM

This form is to submit the program's details, additions or changes.
Please submit a separate form for each program.
Additional copies can be made of this form as needed.

Agency Name: _____

Program Name: _____

List Aliases/ known abbreviations/ other names: _____

Program Physical Address: _____

City: _____ State: _____ Zip code: _____

Confidential location: Yes No

Handicap accessible? Yes No

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Program Phone: _____ Alternative Phone: _____

Fax: _____ TDD/TYY: _____

Hotline: _____ Other: _____

Website: _____

E-mail: _____

Program Days and Hours: _____

Program Description: _____

Eligibility/Target Population: _____

Intake/Application Procedure:

- Phone Appointment required Walk-in Referral needed
- Mail Other _____

Documents Required: _____

Areas Served: (Please indicate specific areas program services)

Regions

- All Riverside County West County Central County Southwest County
- East County Coachella Valley Other

Cities: _____

Zip Codes: _____

Fees:

- No Cost Low Cost Sliding Fee Donation
- Vary Other _____

Method of Payment

- Medi-Cal Cash Credit Cards Personal Check

Languages spoken other than English: _____

Personnel

Program Director: _____ Title: _____

Phone: _____ Email: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Any additional Information you would like us to be aware of?

Submitted by: _____

Phone: _____

Date: _____



Please enclose your brochure and return to
 2-1-1 Riverside County
 P.O Box 5376
 Riverside, CA 92517-5376
 Phone: (800) 464-1123
 or (951) 686-4402 Ext. 160
 Fax: (951) 686-7417

Client Intake Form – HUD SHP Programs

PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER AND CLIP TOGETHER

Enrollment Entry Date

		/			/				
month			day			year			

Client Bed Check-In

Client Bed-entry Date: ___/___/___
 Facility Client will be housed in: _____
 Room Client will be housed in: _____
 Bed Client will be assigned: _____

Name

Current Name (first, middle, last name, suffix)	Don't Know	N/A	Refused
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Security Number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Full SSN Reported	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Partial SSN Reported	<input type="checkbox"/>	Refused	<input type="checkbox"/>

Date of Birth

		/			/					
month			day			year				

(If complete birth date is not know: What is your age?)

--	--

Age

Gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Transgender Male to Female	<input type="checkbox"/>
Transgender Female to Male	<input type="checkbox"/>
Other	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Ethnicity

Non-Hispanic/Non-Latino	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Race

American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Disabling Condition

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Veteran Status

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Residence Prior to Program Entry

Emergency shelter (including a youth shelter, hotel, motel, campground paid with emergency shelter voucher)	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent housing for formerly homeless persons (such as SHP, S+C, SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non psychiatric)	<input type="checkbox"/>
Jail, prison, juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<input type="checkbox"/>
Staying or living in a family member's room, apartment, or house	<input type="checkbox"/>
Staying or living in a friend's room, apartment, or house	<input type="checkbox"/>
Hotel/motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home/foster care group home	<input type="checkbox"/>
Places not meant for habitation e.g., (vehicles, abandoned building, bus/train/subway station/airport, or anywhere else outside	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, with VASH housing subsidy	<input type="checkbox"/>
Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Length of Stay in Previous Place

One week or less	<input type="checkbox"/>
More than one week, but less than one month	<input type="checkbox"/>
one to three months	<input type="checkbox"/>
More than one week but less then one month	<input type="checkbox"/>
One to three months	<input type="checkbox"/>
More then three months, but less then one year	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Housing Status

Literally homeless	<input type="checkbox"/>
Housed and at imminent risk of losing housing	<input type="checkbox"/>
Housed and at-risk of losing housing	<input type="checkbox"/>
Stably housed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Zip Code of Last Permanent Address (where the client last lived for 90 days or more)

Zip code							
Full or partial zip code reported	<input type="checkbox"/>						
Don't know	<input type="checkbox"/>						
Refused	<input type="checkbox"/>						

If zip code unknown, what is the city and state you last lived for 90 days or more?

City:																			
State:																			

Income and Source – Program-Specific Data Element

Financial Resources	Income received from any source in the past 30 days?	No		<input type="checkbox"/>
		Yes		<input type="checkbox"/>
		Don't Know		<input type="checkbox"/>
		Refused		<input type="checkbox"/>
Source and Amount of Income	Source of Income	Receiving Income Source	Amount From Source	
	Earned Income	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Unemployment Insurance	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Supplement Security Income (SSI)	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Social Security Disability Income (SSDI)	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Veteran's Disability Payment	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Private Disability Insurance	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Workers Compensation	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	General Assistance (GA)	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Retirement income from Social Security	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Veteran's Pension	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
	Pension from former job	No	<input type="checkbox"/>	\$ _____.00
		Yes	<input type="checkbox"/>	
Child Support	No	<input type="checkbox"/>	\$ _____.00	
	Yes	<input type="checkbox"/>		
Alimony or other spousal support	No	<input type="checkbox"/>	\$ _____.00	
	Yes	<input type="checkbox"/>		
Other source	No	<input type="checkbox"/>	\$ _____.00	
	Yes	<input type="checkbox"/>		
Total Monthly Income	Monthly income from all sources			\$ _____.00

Non-Cash Benefit – Program-Specific Data Element

Non-Cash Benefit	Non-Cash benefit received from any source in past 30 days?	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
		Don't Know	<input type="checkbox"/>
		Refused	<input type="checkbox"/>
Source of Non-Cash Benefit		Receiving Benefit	
	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICAID health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICARE health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	State Children's Health Insurance Program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Veteran's Administration (VA) Medical Services	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF Child Care services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF transportation services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Other TANF-funded services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Section 8, public housing, or other rental assistance	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Other source	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>

Physical Disability – Program-Specific Data Element

Physical Disability	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Developmental Disability – Program-Specific Data Element

Developmental disability	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Chronic Health Condition – Program-Specific Data Element

Chronic Health Condition	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

HIV / AIDS– Program-Specific Data Element

HIV / AIDS	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Mental Health – Program-Specific Data Element

Mental Health Problem	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a mental health problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Substance Abuse – Program-Specific Data Element

Substance Abuse Problem	No	<input type="checkbox"/>
	Alcohol Abuse	<input type="checkbox"/>
	Drug Abuse	<input type="checkbox"/>
	Both - Alcohol and Drug	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
(If client has a substance abuse problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Domestic Violence – Program-Specific Data Element

Domestic Violence Victim/Survivor	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

(If yes) When experience occurred?	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Date of Contact – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

Date of Contact	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>month</td><td>day</td><td>year</td><td>hour</td><td>minute</td><td colspan="3"> </td> </tr> </table>									month	day	year	hour	minute				
month	day	year	hour	minute														
Location of Contact	Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway or anywhere outside that is not a Homeless Connect-type event)	<input type="checkbox"/>																
	Service setting, non-residential (e.g. Homeless Connect-type event, drop-in center, day services center, soup kitchen, etc.)	<input type="checkbox"/>																
	Service setting, residential (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend’s room, apartment, condo, or house; foster care or group home)	<input type="checkbox"/>																

Date of Engagement – Program-Specific Data Element (REQUIRED FOR HUD STREET OUTREACH ONLY)

Date of Engagement	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>month</td><td>day</td><td>year</td><td colspan="5"> </td> </tr> </table>									month	day	year					
month	day	year															

Program-Specific Data Element - Client Outcome Measures (Domains)

Income Domain	No Income.	<input type="checkbox"/>
	Inadequate income and/or spontaneous or inappropriate spending.	<input type="checkbox"/>
	Can meet basic needs with subsidy; appropriate spending.	<input type="checkbox"/>
	Can meet basic needs and manage debt without assistance.	<input type="checkbox"/>
	Income is sufficient, well managed; has discretionary income and is able to save.	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Employment Domain	No Job.	<input type="checkbox"/>
	Temporary, part-time or seasonal; inadequate pay; no benefits	<input type="checkbox"/>
	Employed full-time; inadequate pay; few or no benefits	<input type="checkbox"/>
	Employed full-time with adequate pay and benefits	<input type="checkbox"/>
	Maintains permanent employment with adequate income and benefits	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Housing Domain	Homeless or threatened with eviction	<input type="checkbox"/>
	In transitional, temporary, or substandard housing; and/or current rent or mortgage payment is unaffordable	<input type="checkbox"/>
	In stable housing that is safe but only marginally adequate	<input type="checkbox"/>
	Housing is safe, adequate, and subsidized	<input type="checkbox"/>
	Housing is safe, affordable, adequate, and unsubsidized	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Food Domain	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food	<input type="checkbox"/>
	Household is on food stamps	<input type="checkbox"/>
	Can meet basic food needs but requires occasional assistance	<input type="checkbox"/>
	Can meet basic food needs without assistance	<input type="checkbox"/>
	Can choose to purchase any food household desires	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Childcare Domain	Needs childcare, but none is available/accessible and/or child is not eligible	<input type="checkbox"/>

	Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available	<input type="checkbox"/>
	Affordable subsidized childcare is available but limited	<input type="checkbox"/>
	Reliable, affordable childcare is available; no need for subsidies	<input type="checkbox"/>
	Able to select quality childcare of choice	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Children's Education Domain	One or more eligible children not enrolled in school	<input type="checkbox"/>
	All eligible children enrolled in school, but one or more children not attending classes	<input type="checkbox"/>
	Enrolled in school, but one or more children only occasionally attending classes	<input type="checkbox"/>
	Enrolled in school and attending classes most of the time	<input type="checkbox"/>
	All eligible children enrolled and attending on a regular basis and making progress	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Adult Education Domain	Literacy problems and/or no high school diploma/GED are serious barriers to employment	<input type="checkbox"/>
	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment	<input type="checkbox"/>
	Has high school diploma/GED	<input type="checkbox"/>
	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society	<input type="checkbox"/>
	Has completed education/training needed to become employable. No literacy problems	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Legal Domain	Current outstanding tickets or warrants or other serious unresolved legal issues	<input type="checkbox"/>
	Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications	<input type="checkbox"/>
	Fully compliant with probation/parole terms/past non-violent felony convictions/working on plan to resolve other legal issues	<input type="checkbox"/>
	Has successfully completed probation/parole within past 12 months; no new charges filed; recently resolved other legal issues	<input type="checkbox"/>
	No active legal issues in more than 12 months and/or no felony/significant legal/criminal history	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Health Care Domain	No medical coverage with immediate need	<input type="checkbox"/>
	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health	<input type="checkbox"/>
	Some members (e.g. children) on MEDICAID, but adults lack coverage	<input type="checkbox"/>
	All members can get medical care when needed but may strain budget	<input type="checkbox"/>
	All members are covered by affordable, adequate health insurance	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Life Skills Domain	Unable to meet basic needs such as hygiene, food, activities of daily living	<input type="checkbox"/>
	Can meet a few but not all needs of daily living without assistance	<input type="checkbox"/>
	Can meet most but not all daily living needs without assistance	<input type="checkbox"/>
	Able to meet all basic needs of daily living without assistance	<input type="checkbox"/>
	Able to provide beyond basic needs of daily living for self and family	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Mental Health Domain	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems	<input type="checkbox"/>

	Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms	<input type="checkbox"/>
	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems	<input type="checkbox"/>
	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	<input type="checkbox"/>
	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Substance Abuse Domain	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	<input type="checkbox"/>
	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	<input type="checkbox"/>
	Use within last six months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month	<input type="checkbox"/>
	Client has used during last six months (including social use) but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use	<input type="checkbox"/>
	No drug/alcohol abuse in six months	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Family Relations Domain	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect	<input type="checkbox"/>
	Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect	<input type="checkbox"/>
	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support	<input type="checkbox"/>
	Strong support from family or friends; household members support each other's efforts	<input type="checkbox"/>
	Has healthy/expanding support network; household is stable and communication is consistently open	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Mobility Domain	No access to transportation, public or private; may have car that is inoperable	<input type="checkbox"/>
	Transportation is available (including bus) but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc...	<input type="checkbox"/>
	Transportation is available (including bus) and reliable but limited and/or inconvenient; drivers are licensed and minimally insured	<input type="checkbox"/>
	Transportation (including bus) is generally accessible to meet basic travel needs	<input type="checkbox"/>
	Transportation is readily available and affordable; car is adequately insured	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Community Involvement Domain	Not applicable due to crisis situation; in "survival" mode	<input type="checkbox"/>
	Socially isolated and/or no social skills and/or lacks motivation to become involved	<input type="checkbox"/>
	Lacks knowledge of ways to become involved or new to community	<input type="checkbox"/>
	Some community involvement (church, advisory group, support group) but has barriers such as transportation, childcare issues	<input type="checkbox"/>
	Actively involved in community (church, etc.)	<input type="checkbox"/>

	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Safety Domain	Home/residence is not safe, lethality is high	<input type="checkbox"/>
	Safety is threatened, temporary protection is available, lethality is high	<input type="checkbox"/>
	Safety is minimally adequate, safety planning is essential	<input type="checkbox"/>
	Home is safe, however future is uncertain, safety planning is important	<input type="checkbox"/>
	Home is apparently safe and stable	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Parenting Skills Domain	Parenting skills are lacking and there is no extended family support	<input type="checkbox"/>
	Parenting skills are minimal and there is limited extended family support	<input type="checkbox"/>
	Parenting skills apparent but not adequate	<input type="checkbox"/>
	Parenting skills are adequate	<input type="checkbox"/>
	Parenting skills are well developed	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
Credit History Domain	No credit history	<input type="checkbox"/>
	Outstanding judgments or bankruptcy/foreclosure	<input type="checkbox"/>
	Has a credit repair plan	<input type="checkbox"/>
	Moderate credit rating	<input type="checkbox"/>
	Good credit/manageable debt ratio	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

Services Provided

Outreach	<input type="checkbox"/>
Case Management	<input type="checkbox"/>
Life Skills (Outside of Case Management)	<input type="checkbox"/>
Alcohol or drug abuse services	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>
HIV / AIDS – related services	<input type="checkbox"/>
Other health care services	<input type="checkbox"/>
Education	<input type="checkbox"/>
Housing placement	<input type="checkbox"/>
Employment assistance	<input type="checkbox"/>
Child care	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Destination (At Exit)

Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non-psychiatric)	<input type="checkbox"/>
Jail, prison, or juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<input type="checkbox"/>
Staying or living with family, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>

Staying or living with friends, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home or foster care group home	<input type="checkbox"/>
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>
Other	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, VASH subsidy	<input type="checkbox"/>
Rental by client, other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Staying or living with family, permanent tenure	<input type="checkbox"/>
Staying or living with friends, permanent tenure	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

Enrollment Exit Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day		year							



Riverside County Department of Public Social Services
**TENANT CHANGE NOTICE TO RIVERSIDE COUNTY
HOMELESS PROGRAMS UNIT**

TENANT MOVE OUT

Tenant Name: _____
 Address: _____
 Last Date of Occupancy: _____

TENANT MOVE IN

Tenant Name: _____
 Address: _____
 Date of Initial Occupancy: _____

Attached:

- Homeless Certification
- Disability Certification for Permanent Housing
- Rent Calculation

X

Signature

Date

Title & Organization

Grant #: _____

FOR COUNTY USE ONLY:

Date Received: _____

HQS Date Completed: _____

CERTIFICATION OF TENANT ROLL

Riverside County Department of Public Social Services

MONTH OF: MONTH OF: SPONSOR NAME: GRANT #:

	TENANT NAME (Last, First)	UNIT TYPE (# of bedrooms)	ADDRESS	UNIT #	TENANT MOVE IN DATE	TENANT MOVE OUT DATE	LEASE START	LEASE END	LEASE AMOUNT	Utilities included in lease (WTR, SWR, TRA, GAS, ELE)	TENANT PAID PORTION
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

CERTIFICATION

I certify this is true and correct

X

SIGNATURE

DATE