



HOMELESSNESS WAIVER APPROVAL FORM

Eligible/Documented Homeless Households Transferring to Homeless-Restricted Units

Instructions: Complete this form to document reasonable accommodation and housing safety/stability transfers occurring within your agency’s own housing portfolio of units restricted for homeless households by the City of Seattle Office of Housing (OH), King County Housing Finance Program (KC), and/or the Washington State Department of Commerce (COM). Refer to the King County Coordinated Entry for All (CEA) Operations Manual Mobility Request Policy/Form for transfer requests to units restricted for homeless households participating in CEA that are owned/operated by another agency.

Record Retention: Retain a copy of this completed Homelessness Waiver Approval form, along with household’s original homeless documentation, in the household’s current (new unit) resident file. These records must be retained in the resident’s file and readily available for OH, KC and/or COM review. Housing Providers are responsible to ensure records are retained in accordance with all funder contract requirements. Please review your funder contracts for specifics on record retention requirements, including permitted methods and timelines.

WBARS Reporting: Include a comment on Table 3 of your WBARS annual report each year summarizing the total number of residents who transferred to units restricted for homeless households due to a reasonable accommodation and/or housing safety/stability need. Sample comment: Three (3) homeless individuals have transferred to ABC Apartments due to a reasonable accommodation and/or housing safety/stability need. These individuals occupy the following units: 101, 201, 301. Submit all Homelessness Waiver Approval forms and corresponding original homelessness documentation completed for the reporting year, along with the project’s other required supplemental annual report materials, due 6/30 each year.

Housing Provider Information

Name of Housing Provider _____
Address _____

Transfer from (former unit)

Building Name _____ Unit _____
Building Address _____

Transfer to (new unit)

Building Name _____ Unit _____
Building Address _____

Reason for Transfer

- Reasonable Accommodation
Resident needed unit feature(s) due to a disability for equal use and enjoyment of housing that was not available in their former building/unit.
- Housing Stability Transfer (check one below)
 - Recovery-related need (for recovery buildings only)
 - Housing Safety/Stability-related need (e.g., unresolvable conflict with neighbor(s) at current residence, restraining order, domestic violence, etc.).
 - Other reason (please provide thorough explanation)

Please attach a copy of household’s original documentation of homelessness.

Completed by:

Signature:		Date:
Printed Name:	Title:	
Phone:	Email:	

By signing the approval section below, I certify that the information submitted on this form is true and correct. Furthermore, I acknowledge that this Homelessness Waiver Approval form specifically applies to units required to serve homeless households under City of Seattle Office of Housing, King County Housing Finance Program, and Washington State Department of Commerce Loan/Regulatory Agreements and Low-Income Housing Covenants. My agency is responsible to ensure compliance with the most restrictive homeless requirements contained within all capital, operating and service fund contracts.

Approved by:

Signature:		Date:
Printed Name:	Title:	
Phone:	Email:	