











## Lawyers Preventing and Ending Homelessness Project (PEHP) Legal Services Referral Form

The legal services program known as the Lawyers Preventing and Ending Homelessness Project (PEHP) provides legal services and advocacy to i ndividuals or households experiencing homelessness, or who are at imminent risk of becoming homeless in Los Angeles County. To obtain I egal assistance, an individual or household must meet the U.S. Department of Housing and Urban Development (HUD) definition of "Homelessness" under either Category 1 or Category 4 OR meet the LAHSA definition of "Imminent Risk of Homelessness" (see below). In addition, the individual or household at imminent risk of homelessness must meet the income requirement, as outlined below. A brief glossary has been provided to assist agencies with unfamiliar terms used on the form.

**Directions:** The referring agency must a) complete the PEHP legal services referral form, b) ensure the applicant signs the form, and c) submit the required supporting documents. If requesting financial assistance for homeless prevention services, a referring agency must contact the funded Prevention Program provider in the Service Planning Area (SPA) where the applicant resides.

Step 1: Determine if the presenting household meets "Homeless" status or is "Imminently at Risk" of becoming homeless. All individuals or households must meet HUD Category 1 or 4, or the LAHSA-defined "Imminent Risk of Homelessness" and provide documentation of status (homeless or imminently at risk of becoming homeless). The referring agency staff can provide a homeless verification letter on agency letterhead or use the LA CoC Homeless Certification form to document the individual's or household's homeless status. If documenting those imminently at risk of becoming homeless, it is sufficient to provide a copy of an eviction notice, 'pay or vacate' notice, or an Unlawful Detainer.

HOUSING STATUS						
HUD Category 1: Literally Homeless		Living in a place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)				
		Emergency Shelter, Safe Haven, Transitional Housing				
		Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)				
Imminent Risk of Homelessness		Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing				
HUD Category 4		Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member				
Rapid Rehousing Participant		Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)				

Step 2: Determine if the household meets the Annual Gross income eligibility requirement. If the individual or household is imminently at risk of homelessness, they must be at or below 50% of the Area Median Income (AMI) to qualify for legal services. If the individual or household is imminently at risk of becoming homeless AND is in subsidized housing, they can also qualify for legal services with income up to 80% of the Area Median Income (AMI). See income limit summary below (on referenced chart) or at the United States Department of Housing and Urban Development (HUD) link to determine the latest annual income limits.

FY 2018 Income Limits Summary: Los Angeles County, CA Income Limits Summary for each fiscal year are found on the United States Department of Housing and Urban Development's								
	website at: https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn  HOUSEHOLD SIZE							
AREA MEDIAN INCOME (AMI)	1	2	3	4	5	6	7	8
0-30% Income Limits Annual Household Income	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,740	\$38,060	\$42,380
31%-50% Income Limits Annual Household Income	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000
51%-80% Income Limits Annual Household Income	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300

Step 3: Determine where to submit the PEHP referral and supporting documentation. See list below. The Referring Agency will send a referral to the legal services provider in each SPA where the applicant resides. **Note**: If a referring agency is seeking financial assistance for homeless prevention, please contact the LAHSA funded Prevention Program provider.

SPA 1: Antelope Valley
Neighborhood Legal Services

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SPA 5: West Los Angeles SPA 6: South Los Angeles SPA 7: East/ Gateway Cities SPA 8: South Bay/Harbor Cities

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## **GLOSSARY TERMS**

**CalFresh-**The CalFresh P rogram (f ood s tamps) i ssues monthly electronic benefits that can be used to buy most foods at many markets and food stores. CalFresh is for low-income people who meet federal income eligibility rules.

**CalWORKs-**The Califomia Work Opportunity and Responsibility to Kids (CalWORKs) program is a time-limited program that provides financial assistance to eligible nee dy fami lies with (or ex pecting) children in order to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses. The program is operated locally by county welfare departments.

**CAPI-**Cash As sistance P rogram for Immigr ants (CA PI) is a state-funded program designed to provide monthly cash benefits to qualified aged, blind, and disabled non-citizens who are ineligible for SSI/SSDI solely due to their immigrant status. CAPI payment a mounts v ary depending on a person's marital status, living arrangements and other income.

**CBEST-**The Countywide Benefits Entitlement Service Team (CBEST) Program is a Depart ment of Health S ervices (DHS) program, comprised of eight (8) community-based organization with dedicated benefits a dvocates that as sist individuals in applying for SSI, SSDI, CAPI, and Veteran's Benefits.

**Criminal Rec ord-**After being arrested and/or convicted of a crime, a person may have a criminal record. In some circumstances, a criminal record may be viewed by ju dges or law enforcement officials, as well by employers and other entities that may consider criminal history for the appropriateness of certain jobs, housing, or services.

**Debt Collectors-**If a per son fails to pay a d ebt, a credit or or its debt collector generally can sue to collect the money. If they win, the court will enter a judgment against the debtor.

**Disability-**A physical or mental limitation affecting one or more major life activities, such as caring for oneself, manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

**Eviction-**An Eviction (Unlawful Detainer) is a civil case brought by a landlord/owner who is suing a tenant to obtain a court order giving the landlord/owner the right to regain possession of the property from the tenant.

**Identification-**Any go vernment issu ed d ocument that verifies a person's identity, such as a DMV identification card, dri ver's license, social security card, passport or permanent residency card known as a I-90 or Green Card.

**Medi-Cal-**Medi-Cal offers lo w-cost or free heal th coverage to eligible Californian residents with limited income. Medi-Cal covers low-income adults, fa milies with childre n, seniors, per sons with dis abilities, pregnant women, children in foster care and former foster youth up to age 26.

**Public Housing-**Public housing refers to housing developments owned and operated by the local Housing Authority. Public housing is limited to low-income families and individuals.

Rent Co ntrol-Laws in some communities' limit or prohibit rent increases or limit the circumstances in which a tenant can be evicted. For example, in the City of Los Angeles there is Rent Stabilization Ordinance (LARSO), which is commonly referred to as "rent control".

Rent Su bsidy-There are a number of fed eral r ental su bsidy programs that provide rental assistance to families and individuals (i.e. Section 8 Housing Choice Vouchers, Project-Based Section 8 Rental Assistance, Public Housing, and Supportive Housing for the Elderly (Section 202)). Specific eligibility requirements for federal rental s ubsidy programs in clude an ap plicant's citi zenship, age, income, resources, assets and other factors.

**Sex Offender Registry-**People who convicted of particular criminal offenses may be required to register on a state and national sex offender registry. Such r egistries often affect where a person is allowed to live.

**Slum Conditions-**Slum conditions may include mold, damp leaking ceilings/walls, defective electrical/wiring, infestation of roaches/rodents/insects, lack of heat, broken win dows, I eaking plumbing, inadequate trash collection, common areas unclean, etc.

**SSDI-**Social Security Disability Income (SSDI) is a federal program that provides monthly cash benefits to qualified individuals who are unable to work for a year or more because of a disability. To qualify for SS DI bene fits, the ap plicant must fi rst h ave worked in jobs covered by Social Security. The applicant also must have a medical condition that meets Social Security's definition of disability.

**SSI-**Supplemental S ecurity In come (S SI) is a f ederal p rogram administered by the Soci al S ecurity Ad ministration. S SI makes monthly payments to qualified individuals who have low income and few resources, and who ar e: age 65 or older; Blind; or Disabled children and adults.

**Subsidized H ousing-**Subsidized r efers to a hous ing unit that receives financial assistance to pay a portion of the rent, suc h as Section 8, Public Housing, etc.

**Unemployment-**The Un employment Ins urance progra m pays benefits to workers who h ave lost their job and me et the program's eligibility requirements. After b ecoming une mployed, a person may file for such benefits.

**Unlawful Detainer-**A lawsuit that a landlord must file and win before he or she can evict a tenant (also called an "eviction" lawsuit). An unlawful deta iner lawsuit i s a "summary" court pro cedure. This means that the court action moves forward very quickly, and that the time given to the tenant to respond during the lawsuit is very short.

**Veteran-**A person who served in the United States military, naval, or air ser vice i ncluding qualifying Res erve and Nati onal Guard members. Veterans of the United States a rmed forces may be eligible for a broad range of benefits and services provided by the U.S. Department of Veterans Affairs (VA).













## Lawyers Preventing and Ending Homelessness Project (PEHP) Legal Services Referral Form

Today's Date:				Shriver Client: ☐ Yes ☐ No						
I. APPLICANT'S INFORMATION						HMIS:				
First Name: Last Name:										
Date of Birth:	ate of Birth: Age: Pronoun:		onoun:	Household	Size:#	of Adults:#	f of Minors:			
Permanent Housi	ng A	ddress:								
Phone Number: _				Permission	to leave a mes	sage? □ Yes □ No	; Email:□ Yes □ No			
Email Address:							Other:			
II. CURRENT HOUSING STATUS (Please attach a Homeless Certification or notice for any of the checked categories)										
		Living in place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)								
HUD Category 1:		Emergency Shelter, Safe Haven, Transitional Housing								
Literal Homeless		Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)								
Imminent Risk of	_	Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent								
Homelessness		residence identified AND lacks the resources or support networks needed to obtain other permanent housing.								
HUD Category 4		Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member.								
Rapid Rehousing Participant		Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)								
Please attach income statements for any of the checked categories below and complete the chart below using the reference guide.  Annual Gross Household Income reference: a) Source of Income: See examples of income below; b) Gross Documented Income Per Pay Period: Income is the total amount of money earned before taxes or other deductions; c) Frequency of Income: Weekly, Every other week, twice a month, and monthly; d) Number of Payment Per Year: Weekly=52 payments; Every other week=26 payments; Twice a month= 24 payments; Monthly=12 payments; e) Annual Gross Income: Annual Gross Income amount multiplied by # of payments per year (b x d = e)										
Oloss Income. Alma		3.	b.	er year (D X u -	C.	d.	e.			
Source of Income		Gross Docu		Frequency	Number of	Annual Gross				
		Income Per P	ay Period	of Income	Payments Per Yea					
No Income							\$ \$			
Earned Income			<u> </u>				<del>3</del>   \$			
Self-Employment Pension/Retirement Income							\$   \$			
							<del></del>			
Private Disability Insurance Child Support							-\$ \$			
Alimony							-\$ \$			
General Relief (GR)							-\$ \$			
CalWORKS/ TANF/ CAPI							<del>  \$</del>			
Social Security Benefits (SSI/SSDI)										
Social Security Retirement						\$				
Worker's Compensation						\$				
State Disability Income							\$			
Unemployment Insurance							\$			
OTHER (Describe:)							\$			
Total Annual Gross Household Income from all Sources \$										
Applicant meets the income requirements for legal services?   Yes   No (See the Income Limits Summary chart on page 1)										

IV. DESCRIPTION OF LEGAL PROBLEM(S)					
V. PERMANENT HOUSING (Please attach a copy of any notices Section IV.)	s and include a description of any housing-related legal problem(s) in				
1. Has the referring individual or household received an Eviction Notice from a landlord or property manager or an Unlawful Detainer (a formal eviction action that has been filed in the court)? ☐ Yes ☐ No  If yes, check the type of most recent Eviction Notice the applicant/household has received: ☐ 60-Day Notice ☐ 30-Day Notice  ☐ 3-Day Notice ☐ Unlawful Detainer ☐ Other:					
b) ONLY COMPLETE if the applicant received a notice of an Unlawful Detainer from the courts:  Antelope Valley- 42011 4th Street, Lancaster, 93534 Norwalk- 12720 Norwalk Blvd., Norwalk, 90650  Chatsworth- 9425 Penfield Avenue, Chatsworth, 91311 Pasadena- 300 E. Walnut, Pasadena, 91101  Compton- 200 W. Compton Blvd., Compton, 90220 Santa Monica- 1725 Main Street, Santa Monica, 90401  Inglewood- One Regent Street, Inglewood, 90301 Van Nuys- 6230 Sylmar Avenue, Van Nuys, 91401  Long Beach- 275 Magnolia Avenue, Long Beach, 90802 West Covina- 1427 West Covina Parkway, West Covina, 91790  Los Angeles (Downtown)- 111 N. Hill Street, Los Angeles, 90012					
<b>2.</b> Is the referring applicant in Subsidized housing? $\square$ <b>Yes</b> $\square$ <b>No</b>	If yes, Date of Notice of Subsidy Termination:				
HOUSING CONDITIONS/ REASONABLE ACCOMMODATIONS					
1. Is the referring applicant in an unsafe or unhealthy housing condit					
If yes, date and type of other Notice received:					
2. Is the referring applicant in need of Reasonable Accommodations	s in current housing?				
<b>GOVERNMENT BENEFIT ASSISTANCE</b> If requesting services relating to Social Security benefits or Veterans benefits, please refer the applicant to the Countywide Benefits Entitlement Services Team (CBEST) Program. If requesting assistance with other public benefits, please complete below.					
Benefit requesting assistance for: ☐ IHSS ☐ Unemployment	☐ State Disability				
☐ General Relief ☐ CalWORKs ☐ Medi-Cal ☐ Other:					
Currently receives benefits? ☐ Y ☐ N Benefits were recently changed? ☐ Y ☐ N Benefits Termination Date:					
OTHER BARRIERS TO HOUSING					
□ Eviction(s) in the past       □ Recently lost job       □ Compare the control of the cont	riminal record				
APPLICANT CERTIFICATION					
I consent to share my information for the purpose of obtaining legal services. I am certifying that all of this information is true and correct.					
Printed Name of Applicant Applicant	Signature Date Completed				
REFERRING AGENCY CERTIFICATION					
I have provided the following documents: ☐ PEHP Referral ☐ Homeless or "Imminently At Risk" Certification ☐ Income verification					
Referring Staff Name: Staff Title:					
taff Email: Staff Phone Number:					
Referring Agency: Agency Address:					
Service Planning Area (SPA): □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8					