FY 2013 HUDQC Study's PSI Questionnaire
Public Housing Program

The Project Specific Information (PSI) questionnaire is provided to administrators of Public Housing, Housing Choice Voucher (HCV), Moderate Rehabilitation (Mod Rehab) units, and Section 8, Section 202 PRAC, Section 202/162 PAC, and Section 811 PRAC assisted units selected in the FY 2013 HUD Quality Control (HUDQC) Study. We use the data you provide to prepare for our data collection process.

The PSI questionnaire is divided into 5 sections, with an average completion time of 30 minutes:

I. Project Specific Information
II. Reference Information
III. Rent Calculation Policies
IV. Questions to Facilitate Data Collection
V. Contact Information

Your answers are very important to us and we appreciate your time. If you have any questions about the survey, please feel free to contact us toll-free at (877) 392-9776 or by email at hudqc@icfi.com.

How We Designate "Projects" in Our Study

Before you begin, we would like to tell you how we designate "projects" in our study. For the purpose of selecting programs of comparable size during our sampling process, we often divide up larger projects into smaller entities (for Public Housing programs this is usually by AMP#). We call each entity we select "projects" in our study. This means that the project we select may not be your entire portfolio of public housing projects, but only a project(s) with a specifically designated AMP#.

Note that if you are a large PHA we may have selected multiple projects (in Public Housing, HCV, or Mod Rehab programs) for this study. If multiple projects at your site have been selected for this study, you must complete a PSI survey for each project.

Please complete this survey for the specific project we have identified (provided to you in the email in which this survey was attached or in the cover letter you received with a fax of this survey).

I. Project Specific Information

1. We will be selecting a sample of tenants in the Public Housing project we have identified for the study. Please check the information below for accuracy and make any corrections in the "Correction" fields below.

HUDQC's Project Identifier	Correction
a. PHA Name: **[PHA Name]**	______________________
b. PHA Code: **[PHA Code]**	______________________
c. Project Name: **[Project Name]***	______________________
d. **[# Units]** total assisted units in AMP #[AMP #]	______________________
e. **[# Units]** currently occupied in AMP #[AMP #]	______________________
f. Project address: **[Project Address]**	______________________

* If the AMP# applies to more than one project name, please list all project names.

☐ If no corrections were made above, please check this box to confirm that no corrections are needed.

2. If you want to provide any additional information about the project identified, please do so here:

____

____

HUDQC FY2013 Study Period

Unless otherwise stated, **all questions in this survey refer to our study period of November 1, 2012 to October 31, 2013.**

Special Circumstances

HUD gives special permission to programs/sites to design and implement non-standard policies and procedures for calculating rent. Note that for the purpose of this study, Moving to Work is not considered a special demonstration project.

3. Is the project selected for this study considered a special demonstration project?

O Yes O No

If you selected yes above, please answer Section A on the next page.

4. Is your project part of a Moving to Work (MTW) program?

O Yes O No O Not Applicable (not associated with a PHA)

If you selected yes above, please answer Section B on the next page.

Section A

If your project is a <u>special demonstration</u>, please answer these questions.

Please explain how your project's policies and procedures related to rent calculation differ from standard HUD policy:

____

____

____

We may need additional information about your special project policies. Please provide us with the contact information of the staff we should contact for follow up questions regarding your special demonstration project:

Name: ______________________________

Phone Number: ______________________________

Email: ______________________________

If your project is a special demonstration, <u>you do not need to complete the rest of the survey.</u> Please fax this survey to toll-free (800) 823-0127 or email it to hudqc@icfi.com.

Section B

If your project is a <u>Moving to Work</u> program, please answer these questions.

Does your project have a special recertification schedule that differs from HUD-standard <u>annual</u> recertification for all households?

O Yes O No

If yes, please explain your MTW recertification schedule:

____

____

Please proceed with completing the rest of the survey.

Please answer the questions below in regard to the Public Housing project(s) identified for the study.

5. How many units are currently unoccupied due to renovation? _________

If units are currently unoccupied due to renovation, we need more information about households that previously occupied these units. Please enter the name and phone number of the staff person we should contact for follow up questions about these households:

Name: ______________________ Title: ______________________

Phone Number: ______________________ Email Address: ______________________

II. Reference Information

Note: Please remember that we will select a sample of tenants from the Public Housing project(s) we identified for the study. For the purpose of this survey, we will use the term "project" to refer to this Public Housing project(s).

6. What passbook rate was used to impute asset income for 50058 transactions effective November 1, 2012 through October 31, 2013? For each rate entered please indicate the period it was used:

Please enter rates as percentages. For example, enter two percent as "2" (do not enter as "0.02"). If your project is using the rate currently, please enter today's date as the "End Date."

		Start Date		End Date
Rate: ____________ %	Period used:	_____________	to	_____________
Rate: ____________%	Period used:	_____________	to	_____________

7. What is the project's minimum rent? $ _______ *If there is no minimum rent, please enter 0.*

8. We need information about your project's Flat Rent Schedule for transactions effective November 1, 2012 to October 31, 2013. You can list your schedule here or you can send us a copy. *More information about sending project documentation can be found at the end of Section II.*

____

9. Does your project have Welfare Rent?

O Yes O No

If yes, we will need information about the Welfare Rent Schedule(s) used for transactions effective November 1, 2012 to October 31, 2013. You can list your schedule here or you can send us a copy. *More information about sending project documentation can be found at the end of Section II.*

____

____

Request for Policy and Rent Calculation Documents

At this time we would like to request that you send us documents related to rent and income calculation for your project. Note that we need documents that were used for transactions effective during our study timeframe of Nov. 1, 2012 to Oct. 31, 2013, unless otherwise indicated.

We require the following documents:

- Approved Admissions and Continued Occupancy Policy (ACOP)
- Flat Rent Schedule
- Welfare Rent Schedule, if applicable
- Policy and procedural guidance related to rent and income calculation

We will reference the documents you provide us to calculate rent and measure improper payments during our review of your files. It is important that documentation accurately reflects your policies.

Mail Documents to:
ICF International
Attn: HUDQC Study
11785 Beltsville Dr., Ste.300
Calverton, MD 20705

Fax Documents to:
Toll-free (800) 823-0127

Email Documents to:
hudqc@icfi.com

III. Rent Calculation Policies

Reference to Rent and Income Calculation Policies

10. Please provide the page number(s) and/or chapter and section where we can reference the specified policies in the document(s) you have sent or will send us. Please indicate the name of the specific document you are referring to.

Policy Topic	Reference Document & Page/Section
a. Seasonal Income	______________________________
b. Child Support Income	______________________________
c. Asset Income	______________________________
d. Medical Expenses	______________________________
e. Disability Assistance Expenses	______________________________
f. Childcare Expenses	______________________________
g. Zero-Income Households	______________________________
h. Specific Income-Based Rent Policies	______________________________
i. Permissible Deductions	______________________________

11. We will reference the document(s) you provide us to calculate rent and measure improper payments during our review of your files. If you would like to provide any additional explanation regarding policies or procedures related to rent or income calculation at your project, please do so here:

____

____

____

12. **Moving to Work Projects -** If you are an MTW project and have any additional instructions or explanations that you would like to add, please do so here:

____

____

____

Note: *If your policy changed at some point within our study period of November 1, 2012 to October 31, 2013, please indicate the date of the change and explain the policy in place before the change.*

PIH Notice 2013-03 (HA), Issued on January 22, 2013

Questions #13-15 refer to policy changes established by PIH Notice 2013-03.

13. In reference to PIH Notice 2013-03, PHAs may choose to use either actual past income or projected future income to determine a household's annual income. Please indicate the method your project used to determine a household's annual income for transactions effective November 2012 to October 2013:

O We use actual past income to determine annual income

O We did not change our policy and continue to use projected future income

O Other – Please explain:
____

If your project chose to use actual past income or some other income determination method, what date was the policy implemented? _____________________

14. Has your project adopted a policy for households with assets less than $5,000 that allows these households to self-certify their asset amount and asset income?

O Yes O No

If yes, what was the date this policy was effective at your project? _________________________

If yes, please describe the application of this policy at your project:
____

____

15. Has your project adopted a policy to streamline recertification for elderly and disabled households with 100% fixed income?

O Yes O No

If yes, what was the date this policy was effective at your project? ___________

If yes, please describe the application of this policy at your project:
____

____

\

IV. Questions to Facilitate Data Collection

16. When did your project conduct Criminal Background Checks? Please check all that apply.

- ☐ During screening at initial certification
- ☐ During recertification
- ☐ When a household member turned 18 years old
- ☐ When screening new household members
- ☐ If there was reason to believe someone was involved in a criminal activity
- ☐ Other – Please describe other times you would conduct a criminal background check:

____

17. Where did your project keep documentation showing that criminal background checks for household members were conducted?

O There is a form in the tenant file showing that we performed the check.

O There is a note in the tenant file showing that we performed the check.

O Criminal background checks were not printed or were destroyed and there is no evidence that we conducted the review.

O In a location other than the tenant file or we have another procedure not listed above – Please identify location or clarify procedure here:____

18. When did your project conduct sex offender screenings? Please check all that apply.

- ☐ During screening at initial certification
- ☐ During recertification
- ☐ When a household member turned 18 years old
- ☐ When screening new household members
- ☐ If there was reason to believe someone was involved in a sexual offense
- ☐ Other – Please describe other times you would conduct a sex offender check:_____________________

19. Where did your project keep documentation showing that sex offender screenings for household members were conducted?

O There is a form in the tenant file showing that we performed the check

O There is a note in the tenant file showing that we performed the check

O Sex offender reports were not printed out or were destroyed and there is no evidence that we conducted the review.

O In a location other than the tenant file or we have another procedure not listed above – Please identify location or clarify procedure here: ____

20. For move-ins and recertification transactions effective November 1, 2012 to October 31, 2013, are documents related to income calculation scanned and stored electronically?

O Yes   O No

O Some documents are electronically stored and some are only on paper. Please explain here:

____

21. Does your project use a questionnaire or checklist to gather information from the household during the move-in and recertification interview?

O Yes   O No

22. How will our data collectors access tenant files (50058/50059 forms and supporting documentation) when they are at your project site?

O Paper tenant files will be provided to data collectors for review

O Data collectors will be given systems access to print out tenant file documentation

O Other: ___________________________________

23. Where does your project store EIV reports for households in the project?

O They are printed and stored in paper files, by household

O They are printed and stored in paper files, by a category other than household

O They are scanned and saved electronically in our systems

O The project does not keep EIV reports. The project completes a form or writes a note in the file stating that the EIV report was reviewed

O Other: _______________________________________

V. Contact Information

Please remember that "project" refers to tenants participating in the HCV program and living in the Public Housing project(s) we identified for the study.

Contact Information for Project Sites - When we start collecting data, we will need to know where tenant files are stored. Please provide the name, address, and contact information for the project site <u>where tenant files for the above listed project can be located</u>:

Primary Contact

Name of Site Contact: ____

Site Contact Phone Number:____

Site Contact Email: ____

Office's Hours of Operation: ____

Office Name: ____

Project Address: ____

Secondary Contact

Name of Site Contact: ____

Site Contact Phone Number:____

Site Contact Email: ____

Office's Hours of Operation: ____

Office Name: ____

Project Address: ____

Study Contact Information - We would like to contact you if we have questions about the answers you provided in this survey or other questions about the project. Please provide your contact information below:

Name of Site Contact: ____

Site Contact Phone Number:____

Site Contact Email: ____

Office's Hours of Operation: ____

Office Name: ____

Project Address: ____

We need an **alternate study contact** who can answer questions about the project in the event that you are not available. Please provide information for an alternate study contact below:

Name of Site Contact: ____

Site Contact Phone Number:____

Site Contact Email: ____

Office's Hours of Operation: ____

Office Name: ____

Project Address: ____

Next Steps

Project Specific Questionnaire (PSQ)

In a few months we will be sending your project a longer survey called the Project Staff Questionnaire. The PSQ asks questions related to project staff, training, quality control practices, and recertification procedures.

Field Interviewer/Data Collector

Additionally, we will be sending out a HUDQC Field Interviewer to your project site sometime between December 2013 and April 2014. If you have any scheduling issues or conflicts that you know of at this time, please let us know here or you can always email us at hudqc@icfi.com:

____

____

General Feedback

You can provide general feedback to us about this survey here or, if you prefer, you can email us your comments and feedback at hudqc@icfi.com:

____

____

____

Thank You for Your Participation

Thank you for completing the HUDQC Study FY2013 Project Specific Information questionnaire. Your answers are very important to us and we appreciate your time.

As stated at the beginning of the PSI, if you are a large PHA or manage multiple project-based rental assistance sites, we may have selected multiple projects for this study. If this is the case for your PHA, you must complete this survey for **EACH** project that has been selected.

Thanks Again!