

EHV Evaluation Web Survey of PHAs

EHV Evaluation PHA Survey Web Landing Page

Thank you for participating in the Emergency Housing Voucher (EHV) Survey for Public Housing Agencies (PHAs). The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research Associates (SPR) and Abt Global to conduct an evaluation of the EHV program. By completing the survey, you will help HUD and researchers better understand the EHV program, including how it was implemented nationwide, and how it might be improved in the future. We would like the person who can best answer questions about the Emergency Housing Voucher program at [INSERT PHA FROM SAMPLE] to respond to this survey.

Please enter your //-digit Login ID as provided in the email to participate in the survey.

INSERT SPANISH TRANSLATION HERE

Login ID: _____

Language [English/Spanish DROPDOWN]:

The research team will provide reasonable accommodations for individuals with disabilities. Individuals can elect to participate in the web-based survey or with a live person over the phone. HUD and the research team will use translation services as needed for individuals with Limited English Proficiency. If you require information to be presented in an accessible format, reasonable accommodations, or language assistance to participate in this study, please contact [INSERT STAFF CONTACT], the [STAFF TITLE/ROLE], by phone at (XXX) XXX-XXXX or by email at [INSERT EMAIL ADDRESS]. HUD and the research team welcome and are prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. You can access free telephone and video relay services by calling 711.

[INSERT SPANISH TRANSLATION]

PRA Burden Statement: The public reporting burden for this collection of information relating to the Evaluation of Emergency Housing Voucher (EHV) Program is estimated to average 30 minutes per respondent for the web survey for public housing agencies (PHA). These burden estimates include the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information to examine the implementation and outcomes associated with the Emergency Housing Voucher (EHV) program, which was created under the American Rescue Plan Act (ARPA) of 2021, in response to the COVID-19 pandemic. HUD may use this information to help guide any future emergency housing voucher programs and the data could also inform possible changes to the HCV program to serve households who are experiencing or at risk of experiencing homelessness. This information is voluntary. This information collected will be held confidential pursuant to 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C 552a (Privacy Act of 1974), and OMB Circular No. A-130.

CAWI INTRODUCTION

S1W. Before we begin, it is important to verify that we reached a representative from the correct Public Housing Agency (PHA). Do you work for [INSERT PHA FROM SAMPLE FILE]?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Thank you for your interest and willingness to participate. Unfortunately, it looks like we reached the wrong agency. We will look into this, and if we can resolve the issue, we will contact you again. Have a nice day.

S2W. We would like the person who can best answer questions about the Emergency Housing Voucher program at [INSERT PHA FROM SAMPLE] to respond to this survey. If you are not the best person to complete this survey, please forward the survey link to the right person. If you are the best person, please continue.

What is your name, title, and contact information?

First Name

Last Name

Title

Email

Direct Phone Number, Extension

PHA Name

[FILL FROM SAMPLE]

PHA Address

[FILL FROM SAMPLE]

PHA City, State Zip

[FILL FROM SAMPLE]

CATI INTRODUCTION

INTROCATI. Hello, my name is [INTERVIEWER NAME]. I'm calling from Abt Global. May I speak with a representative from [PHA NAME]?

The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research Associates (SPR) and Abt Global to conduct an evaluation of the Emergency Housing Voucher (EHV) program. I'm calling to ask for your agency's participation in completing a survey to help researchers better understand the EHV program. We recently sent you an email about the survey and have been trying to reach you.

Your responses are important and will help HUD and researchers better understand how the EHV program was implemented nationwide and how it might be improved in the future.

1 SPEAKING TO PHA REPRESENTATIVE [GO TO S2C]

S2C. We are looking for the best person to answer survey questions about the EHV program at [INSERT PHA FROM SAMPLE].

Are you that person?

1 YES
2 NO
8 DON'T KNOW
9 PREFER NOT TO ANSWER [THANK AND END, SOFT REFUSAL]

S3C. [IF S2C=YES "What is your" ALL ELSE: What is that person's] name, title, and contact information? [S2C=2 OR 8 We will contact them to ask if they are the best person to complete the survey.]

FIRST NAME
LAST NAME
TITLE
EMAIL
DIRECT PHONE NUMBER, EXTENSION
PHA NAME [FILL FROM SAMPLE]
PHA ADDRESS [FILL FROM SAMPLE]
PHA CITY, STATE ZIP [FILL FROM SAMPLE]

IF S2C= YES SKIP TO INTRO1

EMAIL2. Thank you very much, we will email [S3C FIRSTNAME LASTNAME] at [S3C EMAIL] and call them at [S3C PHONE NUMBER] to complete the survey. If possible, please provide them with the following information to complete the survey online:

The survey website is: www.///.com
and the Login ID is: _ _ _ _

If we don't hear from them, we may call you back to see if there is any way to get in contact with them. Thank you very much.

INTRO1. [CAWI: Welcome to CATI: We are calling about] the Emergency Housing Voucher (EHV) Survey for Public Housing Agencies (PHAs). The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research Associates (SPR) and Abt Global to conduct an evaluation of the EHV program. One component of the evaluation is this survey of all PHAs that received EHV vouchers. The survey asks questions about partnering with your local Continuum of Care (CoC) or other partner organization to administer the program; the eligibility, referral, and application process; the housing search and lease-up process; and the overall implementation of the EHV program. We anticipate the survey will take about 30 minutes to complete. You may involve others as well in developing your answers, but please have only one person complete the survey. [CAWI: Please note that your place in the survey will be saved if you close the page. When you are ready to return, please use the same survey link you received via email. When you click the link to start again, you will be able to continue where you left off].

This survey is voluntary. Whether or not you decide to participate will not affect your organization's relationship with HUD. All information you provide is confidential and will be protected by the law. You can skip any question that you do not want to answer. Responses to this survey will only be used for research purposes only and will NOT be used for compliance monitoring. The findings will only be presented in aggregate form, meaning your individual answers will not be available. HUD will receive a copy of your de-identified survey responses. While there is no expected direct benefit for your organization, the findings will enable a variety of policy makers, program administrators, and other researchers to better understand how the EHV program was implemented nationwide and how it might be improved in the future.

We will provide reasonable accommodations for individuals with disabilities and translation services as needed for individuals with Limited English Proficiency. Individuals can elect to participate in the web-based survey with a live person over the phone.

CAWI: ACCOM. Do you require information to be presented in an accessible format or reasonable accommodations to participate in this study?

- 1 No
- 2 Yes

CAWI AND CATI: ACCOM2. Do you require language assistance to participate in this study?

- 1 No
- 2 Yes [GO TO ACCOM3]

IF ACCOM2=YES

ACCOM3. What language would you prefer to take this survey?

- [OPEN END]

IF ACCOM = YES and ACCOM2 = NO: To take this survey over the phone, please call us at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS] to set-up an appointment. Our phone interviewers are trained and equipped to accommodate free telephone and video relay services using 711. Please feel free to contact us with any questions, we look forward to hearing from you. [THANK AND END SURVEY].

IF ACCOM = YES AND ACCOM2=YES

Thank you very much. We will contact you over the phone to take this survey in [LANGUAGE FROM ACCOM3]. What phone number is best to reach you?

[COLLECT PHONE NUMBER]

In addition, our phone interviewers are trained and equipped to accommodate free telephone and video relay services using 711. Please feel free to contact us with any questions, we look forward to hearing from you. [THANK AND END SURVEY].

IF ACCOM = NO AND ACCOM2=YES

Thank you very much. We will contact you over the phone to take this survey in [LANGUAGE FROM ACCOM3]. What phone number is best to reach you?

[COLLECT PHONE NUMBER]

If you have any questions, please call us at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS]. [THANK AND END SURVEY].

This survey was approved by the Office of Management and Budget, as required by the Paperwork Reduction Act of 1995, under OMB control number XXXX-XXXX, with expiration date of MONTH XX, 20XX. If you have questions about the study itself, please contact Mr. Jeffrey Chen, Social Science Analyst, Office of Policy Development and Research, HUD at (212) 542-7422 or [INSERT ABT STAFF CONTACT], the Abt Global Survey Director at (XXX) XXX-XXXX. If you have questions about the survey, please call our toll-free number 1-800-XXX-XXXX

CAWI:

See our [Study Information page](#) for more information on the study.

Select 'Continue' to begin.

- 1 Continue [GO TO PHA/CoC PARTNERSHIP]

CATI:

S5C. Do you have any questions before we begin?

[I WANT TO COMPLETE ONLINE] I can send you an email now with the study information and a link to an ONLINE version of the survey and a unique PIN to enter the survey. Would you prefer to complete the survey online or continue by phone?

- 1 CONTINUE BY PHONE
- 2 COMPLETE ONLINE [GO TO PEMAIL]
- 9 DK/REF (VOL) [SOFT REFUSAL]

PEMAIL. We have your email as [EMAIL FROM S4C], is this correct? We will use this email to send you a link to complete the survey.

IF R SAYS DK/REF, PROMPT: You said you would like to complete the online version of the survey. Please provide an email address so we can send you the link to the survey. IWER NOTE: IF R STILL REFUSES, SELECT DK or REFUSE.

- 1 COLLECT DIFFERENT EMAIL [READ EMAIL BACK TO CONFIRM]
- 2 EMAIL IS CORRECT
- 88 DK (VOL) [GO TO S10B]
- 99 REF (VOL) [GO TO S10B]

PEMAIL2. I will also send this information to you now via email at [EMAIL ADDRESS FROM PEMAIL].

- 1 SEND EMAIL [AUTO SEND 'EMAIL INVITE']
- 99 REF [GO BACK TO PEMAIL]

S10. I just sent you the email. The sender will be [INSERT STUDY EMAIL BOX] and the subject line will read, "INSERT SUBJECT LINE" Did you receive the email?

- 1 YES [GO TO S10B]
- 2 NO [GO TO S10A1]
- 3 DON'T HAVE ACCESS TO EMAIL RIGHT NOW (VOL) [GO TO S10B]

S10A1. Please check your spam or junk folder. Do you see the email there?

- 1 YES
- 2 NO
- 3 DON'T HAVE ACCESS TO EMAIL RIGHT NOW (VOL)

S10B. [IF S10A1 = YES: We encourage you to take a moment to complete the survey now and we thank you in advance for completing the survey]. [IFS10A1 = NO: It may take a little while to get to you.] You can also access the survey at www.///.com. Once there, enter your Login ID [INSERT ID] to begin the survey. Your participation is very important to our study. Thank you very much for your time and assistance. Have a nice day.

SCHEDULE CALLBACK FOR 1 WEEK IF WEB SURVEY NOT COMPLETE. SET EMAILFLAG=1

VOICEMAIL SCRIPT:

Hello, my name is [INTERVIEWER], and I'm calling from Abt Global, a public policy research firm, on behalf of the Housing and Urban Development (HUD). We are conducting an important study on Emergency Housing Vouchers. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, 1-XXX-XXX-XXXX and reference your Login ID [INSERT ID]. Thank you.

PARTIALCOMPLETE DISPLAY: 'It looks like you already started the survey, let's continue where you left off.' [SELECT NEXT THEN GO TO LAST Q]

EHV Evaluation PHA Survey Questions

PHA/CoC Partnership

First, we would like to learn about the partnership between your PHA and the local Continuum(s) of Care (CoC) or other partner organization(s) that helped to implement the EHV program.

- 1) What type of organization(s) did your PHA partner with to implement the Emergency Housing Vouchers (EHV) program? (Please select all that apply.)
 - a) Local Continuum(s) of Care (CoC) [SELECT FROM PRE-FILLED LIST OF CoCs]
 - i) How many Continuum(s) of Care (CoCs) did your PHA partner with? [COLLECT NUM IN DROPDOWN]
 - b) Victim Service Provider (VSP)
 - i) How many Victim Service Providers did your PHA partner with? [COLLECT NUM IN DROPDOWN]
 - c) Other homeless services provider
 - i) How many homeless services providers did your PHA partner with? [COLLECT NUM IN DROPDOWN]
 - d) Other
 - i) How many other organizations did your PHA partner with? [COLLECT NUM IN DROPDOWN]
 - e) My PHA never received any EHV's [STAND ALONE RESPONSE; GO TO TERMINATE1]

TERMINATE1: Thank you very much. Unfortunately, the information you provided does not match our records. We will look into this and get back in touch with you. Have a great day.

[PROGRAMMER: QUESTION 2 DISPLAYED FOR EACH TYPE SELECTED AT Q1; 2.1 = CoCs, 2.2= VSPs, 2.3= homeless services provider(s), 2.4= other partners; PRE-POPULATE SPACE TO COLLECT COUNT ENTERED AT Q1 FOR EACH TYPE]

- 2) You mentioned your PHA partnered with [NUM] [CoCs/ victim service provider(s)/ homeless services provider(s)/ other partners from Q1]. Which [CoCs/ victim service provider(s)/ homeless services provider(s)/ other partners from Q1] did your PHA partner with to implement the EHV program? [REPEAT FOR EACH RESPONSE IN Q1; RESPONSE 2A DISPLAYED ONLY FOR Q1A; 2B-C ONLY DISPLAYED ONLY FOR Q1B-D].

- a) [IF >0 AT Q1A] Name of CoC(s) [SELECT FROM PRE-FILLED LIST OF CoCs; COLLECT NAMES FOR COUNT MENTIONED AT 1A]
 - b) [IF >0 AT Q1B-D] Name of non-CoC program(s) or organization(s):
 - i) Victim Service Provider [COLLECT NAME]
 - ii) Homeless service provider [COLLECT NAME]
 - iii) Other partner [COLLECT NAME]
 - c) Can you please provide the contact information for the key person at the organization [REPEAT FOR EACH OTHER PARTER SELECTED AT 2A AND 2B]:
 - i) Name
 - ii) Title
 - iii) Email Address
 - iv) Telephone Number
 - v) Don't know [STAND ALONE RESPONSE]
 - vi) Prefer not to answer [STAND ALONE RESPONSE]
- 3) [IF Q1A = 1 OR MORE] The EHV program required PHAs to coordinate with at least one CoC or another organization(s) to decide who would be prioritized and referred to the EHV program.
- a) Please select the CoC(s) that your PHA entered into an MOU with [INSERT LIST OF CoCs selected at 2a]
 - b) [REPEAT FOR EACH CoC SELECTED AT 3A] Please enter the date(s) that your PHA entered into MOU(s) with this/these CoC(s) to administer the EHV program
 - i) MM//YYYY
 - ii) Don't know
 - iii) Prefer not to answer
 - c) [If Q1A>2] Please select the CoC that referred the most people to your EHV program [INSERT LIST OF CoCs selected at 2a]
- 4) [If 1=A] Below is a list of ways that PHAs may coordinate with their local CoC(s). For each area of coordination, please indicate the ways in which your PHA coordinated with the [INSERT NAME OF CoC in 3c or if Q1A<2, 3a] prior to EHV, during the EHV program, and how it has continued to do so or will continue to do so after the EHV program. (Please select all that apply.)

Area of PHA/CoC Coordination	Prior to EHV	During EHV	After EHV	N/A
Establishing a Memorandum of Understanding (MOU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

with the CoC				
Involving PHA staff in CoC governance (e.g., serving on a CoC board) and/or CoC staff involved in PHA governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing a PHA preference for people experiencing homelessness on waiting lists for PHA programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the CoC's Coordinated Entry (CE) system to refer applicants for programs that are limited to serving people experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing landlord networks for affordable and/or market-rate housing units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CoC or partner organization staff helping to locate people experiencing homelessness who are on the waitlist to apply for PHA programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CoC staff or partner organization providing case management assistance to PHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OMB Number: XXXX-XXXX
 EXPIRATION DATE : XX/XX/20XX

voucher holders during the application and lease-up process				
The CoC or partner organization providing housing navigation assistance to PHA voucher holders during the application and lease-up process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CoC or partner organization providing documentation of a person's homelessness status to help a household be eligible or prioritized for a PHA program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pairing PHA subsidies with CoC resources to develop project-based permanent supportive housing or other permanent housing (not part of the EHV program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-training of CoC and PHA staff on efforts to serve people experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OMB Number: XXXX-XXXX
EXPIRATION DATE : XX/XX/20XX

EHV Program Implementation

We would like to understand more about implementing the EHV program at your PHA.

- 5) Approximately how long did it take your PHA to achieve full staffing for the EHV program?
- a) Less than 1 month
 - b) 1-3 months
 - c) 4-6 months
 - d) 7 months to 1 year
 - e) More than 1 year
 - f) The PHA never achieved full staffing
 - g) Don't know
 - h) Prefer not to answer
- 6) A) Which mandatory waivers and alternative requirements were useful to the PHA in implementing your EHV program? (Please select all that apply.)

Mandatory Waivers and Alternative Requirements	Useful
a. Partnership with CoC or other community partner to determine the best use and targeting of housing assistance along with other available resources in the community	<input type="checkbox"/>
b. Direct referrals from CoC and other partner organizations instead of existing waiting list	<input type="checkbox"/>
c. Provision of housing search assistance to EHV participants	<input type="checkbox"/>
d. Use of a separate waiting list for EHV participants instead of HCV waiting list	<input type="checkbox"/>
e. No requirement for PHA to give public notice when opening and closing the waiting list	<input type="checkbox"/>
f. Local preferences for HCVs does not apply for EHV	<input type="checkbox"/>
g. PHA may not apply a residency requirement to be eligible to receive EHV	<input type="checkbox"/>
h. Allowing a more permissive policy than the PHA's policy for admission to the regular HCV program (e.g., not denying admissions to people who owe PHA rental arrears or were previously evicted from a PHA unit)	<input type="checkbox"/>
i. Waiving income targeting requirements for EHV program	<input type="checkbox"/>

j. Extending the initial search term for EHV's from 60 days to 120 days	<input type="checkbox"/>
k. Shortening the potential initial lease term to less than one year	<input type="checkbox"/>
l. Allowing immediate portability of EHV's	<input type="checkbox"/>
m. Don't know [STAND ALONE RESPONSE]	<input type="checkbox"/>
n. Prefer not to answer [STAND ALONE RESPONSE]	<input type="checkbox"/>

[IF MORE THAN ONE SELECTED AT 6A, ASK 6B]

6) B) Please rank the top [ONLY IF 5 OR MORE: five] mandatory waivers and alternative requirements that you believe were most useful to the PHA in implementing your EHV program.

7) One of the unique features of the EHV program was the optional waivers available for PHAs to administer the program. In the table below, please indicate which of the optional waivers your PHA adopted for your EHV program. (Please select all that apply.)

Optional Waivers	Adopted by the PHA for EHV program
a. COVID-19 waivers (under CARES Act)	<input type="checkbox"/>
b. Allowing a more permissive policy than the PHA's policy for admission to the regular HCV program related to criminal backgrounds, which may not admit households due to violent criminal activity; other criminal activity which threatened the health, safety, or peaceful enjoyment of the people in proximity; fraud, bribery, or other corrupt criminal act; and threats of abusive or threatening behavior in the last 12 months	<input type="checkbox"/>
c. Allowing PHAs to accept self-certification for income verification at admission, followed by third-party documentation within 60 days	<input type="checkbox"/>
d. Waiving the requirement to collect Social Security number and citizenship verification at eligibility determination and accepting self-certification of date of birth and disability status until 90 days after	<input type="checkbox"/>

admission	
e. Use of recently conducted initial income determinations and verification of income at admission from third-party providers	<input type="checkbox"/>
f. Pre-inspection of available housing units using Housing Quality Standards (HQS) to maintain a pool of eligible units	<input type="checkbox"/>
g. Establishing separate higher payment standard for EHV's	<input type="checkbox"/>
h. Discretion on when to apply the increased payment standard	<input type="checkbox"/>
i. None of the above [STAND ALONE RESPONSE]	<input type="checkbox"/>
j. Don't know [STAND ALONE RESPONSE]	<input type="checkbox"/>

8) [IF 7b=YES] Did the [INSERT NAME OF COC FROM 3c OR, IF NO 3c, THEN 3a] CoC or other partner organization request that your PHA adopt their permissive prohibition waiver or advise your PHA on adopting it?

- a) Yes
- b) No
- c) Don't know
- d) Prefer not to answer

9) [If 7g=YES] A)What percentage of the Fair Market Rent (FMR) or the Small Area Fair Market Rent (SAFMR) was the EHV payment standard?

- a) [ENTER % VALUE between 90% and 120%]
- b) Don't know
- c) Prefer not to answer

B) Did you use the same FMR across all bedroom sizes?

- i) Yes
(1)Please describe policy: [TEXT BOX]
- ii) No
- iii) Don't know
- iv) Prefer not to answer

Referrals and Eligibility

Next, we'd like to learn more about how people eligible for EHV's were referred to the PHA.

10) A) What were the referral source(s) for the EHV program? (Please select all that apply.)

- a) Referrals from the local CoC's Coordinated Entry (CE) system
- b) Direct referrals from homeless service provider organizations
- c) Direct referrals from Victim Service Provider(s) for families that were fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking
- d) Direct referrals from human trafficking organizations
- e) Direct referrals from Permanent Supportive Housing Move-On programs
- f) Direct referrals to facilitate an emergency transfer in accordance with VAWA and your PHA's Emergency Transfer Plan
- g) Direct referrals from rapid re-housing programs
- h) Other: (please specify) _____
- i) Don't know
- j) Prefer not to answer

[IF MORE THAN 1 SELECTED AT 10A ASK 10B)

B) Please rank the referral sources for the EHV program rank in order of importance.

- 11) What percentage of referrals were from people who were experiencing unsheltered homelessness?
- a) 0
 - b) 1-25%
 - c) 26-50%
 - d) 51-75%
 - e) 75-100%
 - f) Don't know
 - g) Prefer not to answer
- 12) What entity was responsible for helping EHV referred households complete your PHA application process, including assistance in gathering necessary documentation to determine eligibility? (Please select all that apply.)
- a) PHA staff
 - b) Homeless service provider staff
 - c) Staff of other community organizations
 - d) Other (please specify): _____
 - e) Don't know
 - f) Prefer not to answer

Issuing EHV's

Now we would like to learn more about the process for issuing EHV's to eligible applicant households.

- 13) According to HUD records, your PHA received [INSERT # of EHV] EHV's, issued [PRE-POPULATE #] EHV's, and leased up [PRE-POPULATE #] EHV's. Is that correct?
- a) Yes
 - b) No
 - c) Don't know
 - d) Prefer not to answer
- 14) [IF 13b=NO] Please enter the correct numbers below.
- a) EHV's received:
 - i) [Text box formatted for numeric entry]
 - ii) Don't know
 - iii) Prefer not to answer
 - b) EHV's issued:
 - i) [Text box formatted for numeric entry]
 - ii) Don't know
 - iii) Prefer not to answer
 - c) EHV's leased up:
 - i) [Text box formatted for numeric entry]
 - ii) Don't know
 - iii) Prefer not to answer
- 15) A) [IF 14a>14bi]: What reasons contributed to your PHA not being able to issue all the EHV's? (Please select all that apply.)
- a) Lack of PHA staff available to help implement this new program
 - b) Lack of referrals from the CoC or other organization(s)
 - c) Referred households not being able to complete application process
 - d) Referred households not being eligible for EHV
 - e) Households issued vouchers not being able to lease-up a unit with their voucher
 - f) Other (please specify): _____
 - g) Don't know
 - h) Prefer not to answer

[IF MORE THAN 1 SELECTED AT Q15]

B) Please rank the reasons that contributed to your PHA not being able to issue all the EHV's in order of importance.

[PROGRAMMER: INSERT RANKING SYSTEM FOR ITEMS SELECTED AT 7A]

- 16) Did your PHA issue more EHV than it had been allocated assuming some percentage of households would not successfully use their voucher?
- a) Yes
 - b) No
 - c) Don't know
 - d) Prefer not to answer
- 17) [IF 16=YES] Did your PHA revoke any EHV that were already issued to households who were searching for a unit because the allocation of HCVs had been leased up?
- a) Yes
 - b) No
 - c) Don't know
 - d) Prefer not to answer
- 18) [IF Q16=YES] What, if any, other assistance did your PHA provide to households who had an EHV revoked? (Please select all that apply.)
- a) Household offered an HCV
 - b) Household offered another type of voucher
 - c) Household referred back to the CoC
 - d) Other: _____
 - e) Don't know
 - f) Prefer not to answer

Housing Search and Lease-Up Process

Now we'd like to learn more about the housing search and lease-up process for EHV participants and what services your PHA provided to help participants through this process.

- 19) Who provided housing search assistance to EHV participants? (Please select all that apply.)
- a) PHA staff
 - b) Continuum(s) of Care (CoCs)
 - c) Homeless services provider
 - d) Victim Service Provider (VSP)
 - e) Other social service agency
 - f) Don't know
 - g) Prefer not to answer
- 20) What services were typically offered as part of the housing search assistance provided by your PHA? (Please select all that apply.)

- a) Helping households search for available units
 - b) Helping households identify landlords who have already agreed to lease to HCV holders
 - c) Providing transportation so households could visit units in-person
 - d) Assisting in completing housing applications
 - e) Identifying units with necessary features for household member's disabilities
 - f) Other (please specify): _____
 - g) Don't know
 - h) Prefer not to answer
- 21) On average, how many hours a week of housing search assistance did each EHV household receive?
- a) [ENTER NUMBER OF HOURS A WEEK]
 - b) Don't know
 - c) Prefer not to answer
- 22) On average, how many weeks of housing search assistance did EHV households receive?
- a) [ENTER TOTAL NUMBER OF WEEKS OF HOUSING SEARCH ASSISTANCE]
 - b) Don't know
 - c) Prefer not to answer
- 23) Which of the following did your PHA use to modify the unit inspection process for EHV's? (Please select all that apply.)
- a) Conducted pre-inspection of units
 - b) Conducted remote video inspections
 - c) Increased number of staff conducting inspections
 - d) Provided landlords with written guidance on inspection process ahead of inspection appointment
 - e) Other (please specify): _____
 - f) Don't know
 - g) Prefer not to answer
- 24) Did your PHA also vary inspection processes for HCVs using COVID-era waivers at the same time?
- a) Yes
 - b) No
 - c) Don't know
 - d) Prefer not to answer

- 25) Did your PHA use any of the following methods to incentivize landlords to accept EHVs? (Please select all that apply.)
- a) Holding fees
 - b) Landlord incentive payments
 - c) Landlord retention payments
 - d) Enhanced customer service for landlords
 - e) Damages and/or unpaid rent mitigation fund
 - f) Increased security deposits
 - g) Other (please specify): _____
 - h) The PHA did not use any methods to incentivize landlords to accept EHVs
 - i) Don't know
 - j) Prefer not to answer
- 26) What challenges did households experience in leasing up units with EHVs? (Please select all that apply.)
- a) Households needed more than 120 days to locate and lease-up a unit
 - b) Households needed more support to navigate the housing search process
 - c) Households experienced landlord discrimination (e.g., source of income discrimination)
 - d) Households could not locate units in which to use their vouchers
 - e) Landlords unfamiliar with EHV program and its benefits
 - f) Other (please specify): _____
 - g) Don't know
 - h) Prefer not to answer

Supplemental PHA Funding for the EHV Program

In this section, we want to learn more about how the PHA used the different EHV supplemental fees.

- 27) In the table below, please indicate what activity(ies) your PHA supported with the \$3,500 service fee available for each EHV voucher:

	Funding Source	Funding Source
PHA Service Activities	Services Fee	Other non-EHV funding source

OMB Number: XXXX-XXXX
EXPIRATION DATE : XX/XX/20XX

Housing search assistance	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit assistance	<input type="checkbox"/>	<input type="checkbox"/>
Utility deposit assistance/utility arrears	<input type="checkbox"/>	<input type="checkbox"/>
Rental application	<input type="checkbox"/>	<input type="checkbox"/>
Holding fees	<input type="checkbox"/>	<input type="checkbox"/>
Owner/landlord recruitment and outreach	<input type="checkbox"/>	<input type="checkbox"/>
Owner incentive and retention payments	<input type="checkbox"/>	<input type="checkbox"/>
Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>
Tenant readiness services	<input type="checkbox"/>	<input type="checkbox"/>
Renter's insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
Don't know [STAND ALONE RESPONSE]	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer [STAND ALONE RESPONSE]	<input type="checkbox"/>	<input type="checkbox"/>

- 28) What other funding did your PHA use to support the EHV program?
(Please select all that apply.)
- a) CoC program funding
 - b) CoC-CV funding
 - c) CARES Act funding
 - d) One-time state funding
 - e) Local funding
 - f) Other non-EHV HCV administrative fees
 - g) Other PHA funding source
 - h) Other (please specify): _____
 - i) None
 - j) Don't know

k) Prefer not to answer

Challenges and Strengths of the EHV Program

Finally, we'd like to learn more about the challenges of implementing the EHV program and the program's strengths compared to HUD's Housing Choice Voucher (HCV) program.

- 29) A) Please select the challenges faced in implementing the EHV program
- a) Partnering with the CoC(s) and other organizations to receive referrals to the EHV program
 - b) Working with homeless service providers to administer the EHV program
 - c) Accelerated timeline of the EHV program
 - d) Insufficient staffing to implement the EHV program
 - e) Competition with other homeless and housing programs for housing units
 - f) Implementing additional flexibilities (e.g., optional waivers and alternative requirements)
 - g) Providing additional services for EHV participants
 - h) Additional program reporting requirements
 - i) Other (please specify): _____
 - j) Don't know
 - k) Prefer not to answer

[IF MORE THAN THREE SELECTED AT 29A]

B) Please select the top three challenges faced in implementing the EHV program.

- 30) A) What do you think are the top strengths of the EHV program?
- a) New vouchers to serve households experiencing homelessness
 - b) Additional program flexibilities (e.g., optional waivers and alternative requirements)
 - c) Additional program funding (e.g., \$3,500 service fee, lease up payments)
 - d) Forming new partnership with CoC(s) and/or other local organizations serving people experiencing homelessness
 - e) Building on existing partnerships with CoC(s) and/or other local organizations serving people experiencing homelessness
 - f) Support for serving households experiencing homelessness
 - g) Other (please specify): _____
 - h) Don't know

i) Prefer not to answer

[IF MORE THAN THREE SELECTED AT 30A]

B) Please select the top three strengths of the EHV program.

- 31) Which of the following would most benefit your PHA if it were applied to the HCV program?
- a) Housing search assistance
 - b) Landlord incentives
 - c) Longer housing search period
 - d) Modified income verification
 - e) Higher voucher payment amount
 - f) Revised eligibility determination
 - g) Don't know
 - h) Prefer not to answer

SUBMIT: Those are all the questions we have for you. Once you submit the survey you will no longer be able to access the survey or change your responses.

Are you ready to submit the survey for completion?

- 1. YES [CLOSING]
- 2. NO [GO TO COMEBACK]

COMEBACK: Thank you. The survey will stay open until you are ready to submit. If you have any questions about this survey or the research project you can call us toll-free at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS. [PROGRAMMER: AT RE-ENTRY START AT BEGINNING OF SURVEY]

CLOSING

Thank you for your time and assistance. If you have any questions about this survey or the research project you can call us toll-free at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS.