Last Updated 11/24/2021

Certification Application Questions (THIRD PARTY)			
Question #	Resident Services Certification Questions	Answer Type	Attachments
	When completing the certification application, unless otherwise noted, all questions refer to properties where the organization provides <u>third party</u> resident service coordination with management and programmatic oversight and systems along with onsite resident service staff. Please answer the questions as it relates to properties where these services and coordination are in place. PLEASE NOTE: Many of the questions throughout this application provide a text box for the applicant to provide an answer. These text boxes have a maximum word limit of 1000 words. There is NO word minimum required for these answers. However, the applicant should use their best judgement to provide succinct answers that also provide reviewers with enough information and context to clearly and fully answer the question(s).		
	A. Portfolio Profile		
1	**Third Party Resident Services Coordination** - An affordable housing organization or social service organization that is contracted by affordable housing organizations/owners to provide all functions (management, delivery, and implementation) of resident services coordination at a property. *Please download the Third Party Portfolio Profile, complete and reload.*	UPLOAD	**Portfolio Profile**
	B. Resident Services Coordination		
	Resident Services Coordination -- Refers to all functions tied to the organizational mission to implement resident services, including corporate and site-based staff, funding, technology systems, services and programs, research and evaluation, organizational knowledge and tools necessary to support resident services.		

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2	How long has the organization been providing **third party resident services coordination** (consistent with this definition) for Senior/Family/Supportive properties? *Select One for each housing type [[Less than a year; 1-2 years; 3-5 years; 5 or more years]]*	Drop Down- Select One	
	If the organization has been providing third party resident services coordination for less than three years, then does the organization have a minimum of 3 years of experience providing resident services coordination as either a Direct or Hybrid model? *Presentational Language with definition for DIRECT and HYBRID*	Drop Down - Y/N	
3	How does providing third party resident services coordination fit in with the organization's broader goals and mission? Why does the organization do this work?	Text Box	
4	How does the organization (as a third party resident services provider) ensure that the organization's goals or logic model align with an owner's goals for resident services coordination and implementation? What does the organization do if there is misalignment between an owner's goals and the organization's? Please provide an example of a instance in which the organization may have decided not to work with an owner and how the organization came to that decision.	Text Box	
5	What is included in the contract between the organization (as a third party resident services provider) and the owner (1) Scope or Work/Roles and responsibilities (2) use of space agreement (3) goals/ evaluation (4) terms and compensation (5) insurance requirements and indemnification (6) sharing of resident data?	Select All	
	If all elements are not selected, this note should appear. **Please Note:** that for properties receiving Healthy Housing Rewards -Enhance Resident Services financing, organizations providing third party resident services coordination will be required to implement contracts reflecting all six elements listed above.		
	Please upload an example of a contract between the organization **(as third party resident services provider)** and an owner for the provision of third-party resident services coordination at a properties (or properties). *Note:* You may redact identifying information if necessary.	UPLOAD	**Example Contract**

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6	What is the typical duration of a contract with an owner to provide third party resident services coordination? Drop Down: Monthly; Quarterly; 1 year; 2 years; 3 or more years	Drop Down-Select One	
7	What elements does your organization factor in and cost-out in its business model when providing third party resident services coordination? Drop down list: (1) property staff salary and benefits (2) management of on site staffing (3) computers, supplies and equipment (4) budget for providing resident services and engagement (5) corporate systems for measuring achievement and to analyze and evaluate impact	Choose all that Apply	
8A	Please upload an **Organizational Chart**. As the third party provider, this should show who is responsible at the Corporate, Regional, and Property levels for resident services coordination. The chart should list staff positions by title (staff names may be included if you wish, but are not required) and outline the relationships between staff. If providing third party resident services coordination is not the organization's primary function, please include an additional chart that shows how this function fits into the organizations corporate structure.	**UPLOAD**	**Org. Chart**
8B	Please describe the organization's overall approach to resident services coordination including how property level, regional, and corporate level staff support resident services. (An executive summary). Please also describe the reporting relationship between the third party organization and owners.	**Text Box**	
9	How does the organization determine the level of staffing for resident services across different types of properties (Senior, Family, Supportive)? What is the minimum standard for each type of property for staffing ratios?	Text Box	
10	In a typical property, how frequently does property management and resident services staff meet at the property level? Please provide two examples of strategies used by Property Management and Resident Services staff to foster effective collaboration. Other examples of how you foster collaboration may be provided.	Text Box	
11	Does the organization (as a third party resident services provider) have protocol(s) or strategies for how to resolve conflicts that may arise from differences in the roles of property management and resident services?	Drop Down- Y/N	

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	If YES: Please describe the organization's protocol or strategy? This could include training, communication and management protocols, team building, language in a contract or operating procedures, escalation to the owner and/or other systems.	Text Box	
12	If the organization provides third party resident services coordination at smaller properties (e.g. fewer than 30 units) what strategies are utilized? If the strategies differ between Senior and Family buildings please provide examples from each. *For example, the organization may do this with technology, part time staff, or some other form of shared resources.*	Text Box	
13	How does the organization (as a third party resident services provider) continue to improve its capacity to innovate, identify and implement best practices in its own resident services coordination work? *(e.g. trainings, industry memberships and peer exchanges, external evaluation etc.)*	Text Box	
14	How is information that is collected from tenants stored? Check All that Apply for methods for storing tenant data. [[Hard Copy -- Filing Cabinet; Scanned Documents saved to a hard drive; Scanned Documents saved to a hard drive and is backed up regularly, Scanned Documents saved to a local Server; Scanned Documents store on a Cloud-based system; Direct entry of tenant data into a cloud based system (i.e. from a computer or a mobile device), Property Management Software; Program/Service Outcomes Tracking Software; OTHER]]	Drop Down- Select All Text Box (for OTHER)	
15	Does the organization (as a third party resident services provider) use a consistent online database system for storing resident data across owners?	Drop Down - Y/N	
	IF YES: What system is used? Check All that Apply. ETO, Salesforce, Service Point, Family Metrics, AASCOnline, OTHER	Drop Down- Select All Text Box (for OTHER)	

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16	Does the organization (as a third party resident services provider) have privacy protocols for storing and accessing tenant information?	Drop Down - Y/N	**Privacy Protocols**
	If Yes: Please upload these protocols.	**UPLOAD**	
17	Is the organization's residents service coordination staff trained on the privacy protocols?	Drop Down - Y/N	
	Resident Services Coordinators (RSC) -- The staff person at a property responsible for implementing programs/services with partners		
18	Describe how the organization (as a third party resident services provider) views the role of the on-site resident service coordinator. What are their typical roles and responsibilities? Please upload a job description/scope of work which outlines this.	**UPLOAD**	**Job Description / Scope of Work**
19	When hiring new resident services staff, does the organization (as a third party resident services provider) seek candidates with a minimum level of education, training, or experience?	Drop Down- Y/N	
	If YES: What education, certifications, or experience does the organization seek when hiring new Resident Services coordinators? Please be specific. Are there different requirements or preferences when hiring staff for different types of properties (i.e. family/ senior/ supportive)? If so, please explain these different requirements.	Text Box	
20	What kind of training does the organization provide (either directly or through contractors and partners) or mandate for its resident services staff at the corporate/regional and property levels once they are hired? Please be specific. Are there differences for staff working with different types of properties (senior/Family/Supportive)?	Text Box	
21	How does the RSC set annual goals for their work and the property? How is progress on meeting these goals reviewed through the year?	Text Box	
	Resident Services Systems		

Certification Application Questions (THIRD PARTY)

Question #	Resident Services Certification Questions	Answer Type	Attachments
22	Are there technologies, resources, systems, and or tools that are used for resident services coordination consistently across different property contracts/owners where the organization provides third party resident services? *(e.g. technology platforms, robust peer support network across the portfolio, resource guides etc.)* *Please Note: Data collection tools will be addressed later in the application.*	Drop Down- Y/N	
	If YES: Please briefly describe the technologies, resources, systems, and or tools that have been scaled to use across multiple property contracts/ owners. Who has access to and uses these resources and tools? How are they used? For each technology, resource, system, or tool, please indicate the scale at which these are implemented -- across approximately how many properties and how many different owners?	Text Box	
23	How does the organization ensure residents continue to be served when there is an unexpected departure of a resident services coordinator (e.g. new job, unexpected medical leave, or job abandonment)? Are there systems and protocols in place that assist in this situation?	Text Box	
24	Does the organization (as a third party resident services provider) have its own framework of goals with strategies for resident outcomes, a theory of change, or a logic model that guides how resident services coordination is implemented?	Drop Down- Y/N	
	If Yes: Please upload the framework of goals/theory of change/logic model for Resident Services Coordination.	**UPLOAD**	**Goals/ Theory of Change**
	If NO: If the organization does not have a framework of goals, a theory of change, or a logic model, then how does the organization decide what the organizational level goals and outcomes are?	Text Box	
	C. Utilizing Information about Residents & the Community		
	Larger Community/Neighborhood Assessment		

Certification Application Questions (THIRD PARTY)			
Question #	Resident Services Certification Questions	Answer Type	Attachments
25	Does the organization or owner use information/data from the surrounding community to help inform a **community scan** and/or **resident opportunities & priorities assessment**? *(i.e. census data, data from local schools, EMS data, Medicaid/Medicare data, public health data, Enterprise's Opportunity 360 report)*	Drop Down - Y/N	
	25A: **If Yes:** Please give at least two examples of localized data used (i.e. census data, data from local schools, EMS data, Medicaid/Medicare data, public health data, Enterprise's Opportunity 360 report)	Text Box	
	25B: **If Yes:** Who is responsible for accessing and collecting this community level information? [[Corporate/Organizational Staff; Regional Resident Services Staff; Onsite Resident Services Staff; Property Management; Owner Staff, OTHER]]	Drop Down/ Select All Text Box (for other)	
	25C: **If Yes:** How often does the organization or owner access or collect this community level information?	Text Box	
26	Does the organization or owner consistently utilize or complete a recent **community scan** (This includes (1) local data to give insights about the srrounding neighborhood/community, (2) a review (identification of) and (3) assessment (analysis of the quality) of existing local amenities, services, community assets, potential partners and other resources in the larger community) prior to delivery of services and programs?	Drop Down - Y/N	**Community Scan**
	If Yes: Please upload an example of a completed report or summary of a community scan. *If you serve family and seniors properties please choose one example to upload. If you have only provided services in a supportive housing property then please upload an example from that.*	UPLOAD	
	If NO: If the organization or owner does not complete or utilize a community scan, why not? How does the organization retain knowledge of and assess existing resources in the community? Does the organization or its third party contractor include community level data to inform a property services plan? If so, what data is used?		
27	**IF YES:** Typically, does the organization utilize a community scan that is updated at least once every six years?	Drop Down - Y/N	

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Question #	Resident Services Certification Questions	Answer Type	Attachments
	If YES: Who is responsible for completing this community scan? [[Corporate/Organizational Staff; Regional Resident Services Staff; Onsite Resident Services Staff; Property Management; Owner Staff, OTHER]]	Drop Down/ Select All Text Box (for other)	
	Resident Data		
28	Does the organization or owner conduct a **resident opportunities & priorities assessment** and produce an **analysis/report** at the property level prior to initial delivery of services and programs or shortly after lease up? *This assessment should include (1) analysis of the aggregated demographics/data available for the residents of the property, (2) direct feedback (for example in the form of interviews, surveys, focus groups etc.) from the residents, (3) explanation of how the information in the assessment was obtained, and (4) an analysis showing what was learned. This assessments should be updated at least once every three years.*	Drop Down- Y/N	
	If No: If the organization or owner does not complete a resident opportunities and priorities assessment, why not? Does the organization or owner include aggregated information/data about the residents of a property to inform a property services plan? If so, what data is included?	Text Box	**Resident Opportunities & Priorities Assessment Report**
	28A: If Yes: Please upload a specific property level example of a completed Resident Opportunities & Priorities Assessment Report. *Note: This Resident Opportunities & Priorities Assessment should be for the **same** property for which you provided community scan and any other property-specific attachments. If you serve family and seniors properties please choose one example to upload. If you have only provided services in a supportive housing property then please upload an example from that.*	**UPLOAD**	
	28B: If YES: Typically, does the organization or owner collect information on Resident Opportunities and Priorities Assessments at a property at least once every three years?	Drop Down- Y/N	

Certification Application Questions (THIRD PARTY)			
Question #	**Resident Services Certification Questions**	**Answer Type**	**Attachments**
	28C: **If YES:** Who is responsible for completing this Resident Opportunities & Priorities Assessment and producing an analysis/report? [[Corporate/Organizational Staff; Regional Resident Services Staff; Onsite Resident Services Staff; Property Management; Owner Staff, OTHER]]	Drop Down/ Select All Text Box (for other)	
29	DATA Question -- See "Data Question Tab" Please download the data template, fill out the spreadsheet, and reupload the completed form here.	UPLOAD	**Data Question Upload**
	D. Resident Services Program Plan		
	Program Implementation		
30	Provide a property services plan from one property that has already been implemented. Property Services Plans should be updated at least once every three years and should include (1) the desired goals, (2) a description of the resident services program, (3) strategies to address language, cultural or other potential challenges when engaging residents (4) who provides the services (for example: organizational staff, third party resident service provider, partner organizations, online/virtual resources, etc.), (5) staffing model and partnership description (if applicable), and (6) budget. The plan should show how the information from the community scan and resident opportunities and needs assessment were used/analyzed to create the plan. A budget can be included as an attachement within this upload. *Note: This Property Services Plan should be for the same property for which you provided community scan and Resident Opportunities and Priorities Assessment Report. If you serve family and seniors properties please choose one example to upload. If you have only provided services in a supportive housing property then please upload an example from that.*	UPLOAD	**Property Services Plan**

Certification Application Questions (THIRD PARTY)			
Question #	Resident Services Certification Questions	Answer Type	Attachments
	Who is responsible for completing this Property Services Plan? [[Corporate/Organizational Staff; Regional Resident Services Staff; Onsite Resident Services Staff; Property Management; Owner Staff, OTHER]]	Drop Down/ Select All Text Box (for other)	
31	Typically, does the organization (as a third party resident services provider) or the owner update or assess property services plans at least once every three years? How are surveys/data used in this re-assessment?	Text Box	
32	If the organization (as a third party resident services provider) completes the community scan, resident opportunities and priorities assessments, and/or the property plan does a staff person from the owner review them?	Drop Down- Y/N	
	If YES: Please describe the review process, what approvals may be required to implement a property services plan, what is evaluated, and what happens if one of the plans does not meet expectations.	Text Box	
33	Does the organization (as a third party resident services provider) provide referrals as part of your service coordination?	Drop Down- Y/N	
	If YES: How are these referrals tracked?	Text Box	
34	Does the organization provide training or technical assistance to resident service coordinators on how to ensure quality, integrity, and consistency in providing and tracking referrals?	Drop Down- Y/N	
	If YES: please describe what kind of guidance and/or oversight is given to ensure quality, integrity, and consistency in providing and tracking referrals.	Text Box	

Certification Application Questions (THIRD PARTY)			
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35	Please indicate across properties where the organization is providing third party resident services which categories of services are provided. These services may be provided by the organization's resident services staff or by a partner providing a specific program (such as a health clinic providing blood pressure screenings). *Select all that apply.* *[[Housing Stability Support; Health and Wellness; Nutrition/Healthy Food Access; Mental/Behavioral Health; Asset Building; Financial Management and Budgeting; Workforce Development; Adult Education Support; Youth Education Support; Youth Programming; Social Cohesion/Reduction of Isolation; Community Engagement; Referrals; Other (please specify)]]*	Drop Down/ Select All Text Box (for other)	
	If the organization only provides services in one category, please provide a description of how extensive these services are.	Text Box	
36	Please provide a brief description of programs/services that haven been scaled and are offered across more than one property in any one category. *(i.e. a tutoring program or healthy living initiative that your run at multiple sites)* *This should be no more than a 3-4 sentence description for each program.*	Text Box	
	Partnerships		
37	Often properties with resident services coordination engage with external partners to bring services and/or programs on site. (This refers to a partner that comes to a property to provide a program/service (such as a YMCA providing a series of health workshops), not a third party resident services coordination partner who is responsible for the delivery of all resident services coordination at a property). Does the organization (as a third party resident services provider) work with external service partners?	Drop Down- Y/N	
	If No: Please explain why the organization does not work with outside service partners.	Text Box	

Certification Application Questions (THIRD PARTY)			
Question #	**Resident Services Certification Questions**	**Answer Type**	**Attachments**
38	**If YES to #37**: Please describe the criteria used by the organization (as a third party resident services provider) to determine what kinds of partners and programs to bring on site or is used to provide oversight and guidance to the external service partner so that they can make the determination. What is the process for assessing a potential partner, their approach towards service provision and their quality of services? (For example, looking for partners who, when possible, use evidence based services)	Text Box	
39	**If Yes to #37**: When there are external service partners, does the organization require there to be formalized agreements (MOUs) between the partner and the organization?	Drop Down- Y/N	
40	**If YES to #39**: In the formalized agreements, please indicate if the agreements include the following. *Select all that Apply.* *[[(1)Roles + Responsibilities; (2)Participation; (3)Goals; (4)Outcome/impact goals;(5) Addresses liability.]]*	Drop Down/ Select All	
	If the MOU addresses liability, who is responsible for external liability issues? *Third Party Resident Services Provider or Owner*	Select One	
	Please upload an example of an executed MOU between the applicant **(as third party resident services provider)** and an external service provider partner which outlines a partnership to deliver services to one or more of your properties. ***Note:*** *You may redact identifying information if necessary.*	UPLOAD	**MOU**
	Resident Engagement/Participation		
41	What approaches does the organization utilize to build trust with residents or facilitate stronger cohesion between residents? Please share two examples of how RSCs have built trust and social cohesion in a community.	Text Box	
42	Typically, what approaches and strategies does the organization (as a third party resident services provider) use to recruit residents to participate in programs/services? (Flyers, calendars, social media, personal outreach, collaboration between PM/RS and other property staff to reach new residents, recruit for new programs from participants in existing programs, resident leaders, other (please specify))	Drop Down/ Select All Text Box (for other)	
	What approaches are the most successful?	Text Box	

Certification Application Questions (THIRD PARTY)			
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43	In situations where there is low participation in a resident service program/activity, how does the organization (as a third party resident services provider) analyze why there is low participation and respond? Give a specific example of a strategy used at a property to address low participation including how you got resident input. Provide context on the type of property (for example: large family property in very low income community or senior LIHTC property in high resource area).	Text Box	
44	Does the organization (as a third party resident services provider) collect any information from residents to shape/adjust program design or to assess the impacts of services/programs?	Drop Down- Y/N	
	If YES: How is it collected? *Select all that Apply.* *[[Survey; Focus Group; Meetings with Residents; Walk in Office Hours, Information from Partner Orgs; Other (please specify)]]*	Drop Down/ Select All Text Box (for Other)	
	E. Funding & Sustainability of Resident Services		
45	In situations where the budget provided by the owner may not cover the cost of providing the quality of programming that the organization holds as a standard, does the third party support an owner to leverage existing resources and owner contributions to add additional services or enhancements beyond what the owner can initially contribute?	Drop Down- Y/N	
	If YES: How does the organization (as a third party resident services provider) support the owner to make sure that the organization's standards for resident services coordination can be supported financially?	Text Box	
46	Does the organization (as a third party resident services provider) do any kind of fundraising/grant writing to support resident services operations at properties where they are contracted to provide resident services coordination? *This could include fundraising to support corporate level staff, investment in technology systems, property level staff, on-site programming support etc.*	Drop Down- Y/N	

Certification Application Questions (THIRD PARTY)

Question #	Resident Services Certification Questions	Answer Type	Attachments
	46A: **If YES:** What does the organization fundraise for? [[Corporate Staffing; Regional Staffing; Property Staffing; Training; Technology/Data Systems; Programming Support; Other - Please Specify]]	Drop Down/ Select All Text Box (for Other)	
	46B: I**f YES:** Who is responsible for this fundraising? Please provide the staff title/roll (not the person's name)	Text Box	
	46C: **If YES:** What are the sources of funding? [[Federal Gov't Funds; State Gov't Funds; Local Gov't Funds; Non-Gov't Grants; Donations; Org. Contribution from Retained Earnings; Senior Housing-202 Grant; Senior Housing- 202 Adjustment in budget based rent; In Kind Donations; Volunteer Time; Partnerships (partner funded services) Other -Please Specify.]]	Drop Down/ Select All Text Box (for Other)	
	46D: **If YES:** Please describe how the organization deploys the fundraised resources to support resident services coordination at properties where they have been contracted to provide resident services. Do all properties get the same amount of support? Does the organization do targeted fundraising in support of particular properties or programs? How is this determined by or incorporated into the organization's business model?	Text Box	
	46E: **If No:** Please describe how the organization's business model functions to both cover the full costs of providing resident services coordination at properties while still maintaining a minimum standard of quality of programming. How does the organization think about this strategically and how might this inform the contracts the organization takes on with new owners	Text Box	
47	How many days of resident services operations can the contractor fund without receiving reimbursement/payment from the owner? Choose One: [[Less than 15 days; 15 - 30 days; 30 - 60 days; 60 - 90 days; more than 90 days]]	Drop Down Select One	
	F. Evaluation of Resident Services Efforts		

Certification Application Questions (THIRD PARTY)			
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48	At the property level, does the organization (as a third party resident services provider) track and analyze **indicators** related to its resident services efforts?	Drop Down- Y/N	**Resident Indicators and Analysis Report (Single Property)**
	If YES: Please upload a **Resident Indicators and Analysis Report** from a property which demonstrates this analysis. This report should provide the organization with the information necessary for analysis on the value and/or impact of the services on residents and to determine if the services should continue or if they need to be altered in order to attain the desired goals. **Note:** The report should be for the **same** property as the uploaded community scan, resident opportunities & priorities assessment report, and property services plan.	UPLOAD	
49	How frequently is the Resident Indicators and Analysis Report produced and reviewed? Select one. *[Quarterly, Semi-annually, Annually, Every two years, Less frequently then every two years]*	Drop Down - Select One	
50	Who is responsible for completing the Resident Indicators and Analysis Report? [[Corporate/Organizational Staff; Regional Resident Services Staff; Onsite Resident Services Staff; Property Management; Owner, OTHER]]	Drop Down/ Select All Text Box (for other)	
51	What tools does the organization use to collect and track resident indicators/outcomes/impact? *Select all that Apply.* *[[ETO/Social Solutions; Family Metrics; AASCOnline; Salesforce; Service Point; Integrate; Success Measures; Proctor Software; Excel; Property Management Software; Other (Please Specify)]]*	Drop Down/ Select All Text Box (for other)	
52	Are residents involved and engaged in assessing the success of the services?	Drop Down- Y/N	

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Question #	Resident Services Certification Questions	Answer Type	Attachments
	If YES: Please describe **how** residents are involved (this may include resident survey information about the experience using the program/service, focus groups, and/or analysis of low participation rates) and include one specific property level example in your description.	Text Box	
53	To the best of my knowledge, I have answered all the questions accurately and this application is consistent with the answers provided in the Pre-Screening previously submitted.	Drop Down Y/N	
54	Executive or principal sign-off	**UPLOAD**	**Executive/Principal Sign Off**
55	SAHF is able to share all data and uploaded information from certification application with Fannie Mae.	Drop Down Y/N	

Section A: Portfolio Profile - To be filled out by Third Party Providers

Property Type	# of Properties for which the organization currently provides RSC (as a third party provider)?	# of Units for which the organization currently provide RSC (as a third party provider)?	# Properties with Onsite RS Coordinator? (PT or FT)	# Properties where the organization provides third party RSC and there is a community space?	How long has the organization been providing third party RSC services in this type of housing	# Properties with related Property Management company?
Senior						
Family/Unrestricted						
Special Populations						
Permanent Supportive Housing (1005)						
Veteran						
Other						

If possible, please estimate what percentage of the	
If possible, please indicated approximatley what %	
If possible, please indicate approximatley what % of	

If possible, please estimate what percentage of the organization's portfolio you would describe as rural?	

Please provide a list of all the owners for whom the organization provides third party resident services. Please list these in order of owners that have the most significant # of contracts with your company to provides 3rd part resident services to least.

	Name of Owner	What percentage of organization's contracts does this owner have?	How long has the organization contracted with this owner to provide services?
1			
2			
3			
4			
5			

6		
7		
8		
9		
10		

#29	What information and data from residents is typically utilized as a part of resident services coordination? *Select All That Apply.*					
		Collected by property management, but NOT shared with RS staff	Collected and Shared with RS Staff (AGGREGATED)	Collected and Shared with RS Staff (INDIVIDUALIZED DATA)	Collected by Resident Services Staff	Please indicate if this data is stored electronically
Demographics *Age* *Sex* *Race/Ethnicity* *Income* *Employment* *Non Work Income (disability, SS, pension, other)* *% income paid to rent* *Banking Info* *Other - Please specify*						
Compliance Data *Eviction/Notice to Quit* *Late Rent Payment* *Change in Income/Employment* *Move In/Move out* *Other- Please Specify:*						
Resident Surveys						
Individual Assessments *(intake forms, one-on-one individualized assessments)*						
Focus Group Information **Other??**						