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| Date Waiver Notification Submitted to HUD: |  | |
| CoC Funds Recipient Agency: |  | |
| CoC Project Name: |  | |
| CoC Grant Number: |  | |
| Requestor’s Name: |  | |
| Requestor’s Title: |  | |
| Requestor’s Phone Number: |  | |
| Requestor’s email: | |  |
| Declared Disaster Area(s) where waiver will be used: | Note: State of CT has been declared a major disaster area. | |
| (INSERT THE LOCALITY(IES) OF YOUR UNITS, E.G., HARTFORD COUNTY) | |
| Date on which the grantee anticipates first use of the waiver flexibility: | Note: Must be at least 2 days from date waiver notification is submitted | |
| My agency intends to use all available extensions for waivers indicated below and for those we have previously notified HUD of our intent to use. | Yes  No | |

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| Program | Item to be Waived | Check if yes |
| CoC/YHDP | Third-party documentation of income |  |
| CoC/YHDP | Suitable Dwelling Size |  |
| CoC/YHDP | Homeless Definition-Temporary Stays in Institutions |  |
| CoC/YHDP | Fair Market Rent for Individual Units and Leasing Costs |  |
| CoC | Disability Documentation for Permanent Supportive Housing (PSH) |  |
| CoC/YHDP | Limit on Eligible Housing Search and Counseling Services (utility and rental arrears) |  |
| CoC/YHDP | Rapid Re-housing Monthly Case Management |  |
| CoC/YHDP | Housing Quality Standards (HQS): Initial Physical Inspection of Unit |  |
| CoC/YHDP | Re-Inspection of Units |  |
| CoC/YHDP | One-Year Lease Requirement |  |
| CoC/YHDP | Rapid Re-housing Limit to 24 Months of Rental Assistance |  |
| CoC | Limit to be Eligible for DedicatedPLUS Project when Coming from Transitional Housing (TH) Being Eliminated |  |