

HOME-ARP Allocation Plan Template

Guidance

** To receive its HOME-ARP allocation, a PJ must:*

- o Engage in consultation with at least the required organizations;*
- o Provide for public participation including a 15-day public comment period and one public hearing, at a minimum; and,*
- o Develop a plan that meets the requirements in the HOME-ARP Notice.*

** To submit: a PJ must upload a Microsoft Word or PDF version of the plan in IDIS as an attachment next to the “HOME-ARP allocation plan” option on either the AD-26 screen (for PJs whose FY 2021 annual action plan is a Year 2-5 annual action plan) or the AD-25 screen (for PJs whose FY 2021 annual action plan is a Year 1 annual action plan that is part of the 2021 consolidated plan).*

** PJs must also submit an SF-424, SF-424B, and SF-424D, and the following certifications as an attachment on either the AD-26 or AD-25 screen, as applicable:*

- o Affirmatively Further Fair Housing;*
- o Uniform Relocation Assistance and Real Property Acquisition Policies Act and Anti-displacement and Relocation Assistance Plan;*
- o Anti-Lobbying;*
- o Authority of Jurisdiction;*
- o Section 3; and,*
- o HOME-ARP specific certification.*

Participating Jurisdiction: City of Evansville.

Date: April 19, 2022.

Consultation

Before developing its plan, a PJ must consult with the CoC(s) serving the jurisdiction’s geographic area, homeless and domestic violence service providers, veterans’ groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities, at a minimum. State PJs are not required to consult with every PHA or CoC within the state’s boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Summarize the consultation process:

Stakeholders were contacted via email and phone call to complete a survey assessing what housing issues have been addressed since 2012 and the needs and gaps they see in the community. The initial survey results informed a follow up survey focused on issues identified as high needs or high priorities. A public charrette process from March 14-18, 2022, also gave agencies and the public opportunity to discuss the issues and identify gaps in the system. Twenty hours of public stakeholder sessions were held with approximately sixty participants throughout the week, and among participants, this included at least forty subject matter experts. The public was informed of the charrette and invited to provide comments to the Department of

Metropolitan Development from March 14-April 14, 2022. Information was also provided at the website: www.evansvillehomeless.org/home-arp.

List the organizations consulted, and summarize the feedback received from these entities.

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
Albion Fellows Bacon Center	Domestic Violence shelter and human trafficking and sexual assault prevention agency.	Survey; Subject Matter Expert for Qualifying Populations.	Identified access to permanent housing, coordinated access and prevention, and healthcare as areas needing further work. The region does not have sufficient housing and gaps exist in affordable housing, for households with a criminal record, households with mental illness, young adults, and those needing income-based housing. PSH, transitional housing, and affordable housing were identified as top priorities, with PSH most needed. Households in need of mental health services, with previous evictions or debts, and extremely low income are most in need of housing options. Insurance and transportation are barriers to healthcare.
Aurora	Homeless case management , PSH, coordinated entry, re-entry	Survey, interview; Subject Matter Expert for Re-Entry, Affordable Housing, Coordinated (Access) Entry.	All categories of housing require additional capacity and investment, including shelter and affordable housing; more funding is needed for case management. Households qualifying for permanent supportive housing continue to present themselves and need housing to move into. Housing should target 50% AMI and below. All housing types are needed, including accessory dwelling units. PSH, market rate rental, and subsidized rental are most needed. Households in need of mental health services, with previous evictions or utility debts, large families, and extremely low incomes are most in need of housing options.

			<p>Identified an insufficient number of vouchers and lack of landlords accepting them as barriers to rental assistance. Many youth don't fit the "category 1" definition of homeless, making it difficult to serve them. Barriers to healthcare include a middle-class service model and need for walk-in availability and services at shelters or outreach locations. Ex-offenders have difficulty finding safe and affordable housing and landlords willing to house them. Increased expectations for a deposit plus 3-4 months rent to get in an apartment is a barrier to get into housing.</p>
<p>AIDS Resource Group</p>	<p>Non-profit</p>	<p>Survey; Subject Matter Expert for Landlord Relations.</p>	<p>Identified access to permanent housing as an area for further work, and affordable housing, housing for households with a criminal record, mental illness, and young adults as gaps. Identified emergency shelter and affordable housing as priorities, and PSH, market rate, and subsidized rentals as the most needed permanent housing options. Collaboration and case management are working well. More funding and more vouchers are needed. Households most in need of housing are extremely low income, with a criminal record, or include children, youth, and young adults. Strategies to serve children and youth should include targeting homeless and at-risk children in community programs, collaborating to address the challenges these children face, and incorporating housing conversations into enrollment processes and 211.</p>
<p>BRIDGE: Building Respect & Integrity in Diverse</p>	<p>Advocacy</p>	<p>Subject Matter Expert for Racial Equity.</p>	<p>Believe that bridges are better than walls, BRIDGE supports positive relationships, understanding, and dialogue across the diverse Evansville community.</p>

Greater Evansville			
Building Blocks	Childcare resources	Subject Matter Expert for Homeless Youth, Re- Entry	A resources and referral database for offenders would improve their access to services and stability after release. Interim housing is needed for ex-offenders while they find housing and work. Parenting classes within prison and jail systems support parents in having positive connections with their children before and after release. Rural areas often lack resources to serve homeless households. Childcare is a barrier to employment and housing stability. Vouchers assist in removing this barrier. Grants to pay for education in early childhood development may help provide employment for households looking for work and increase availability of childcare for others.
CareSource	Insurance/ Medicaid	Survey	All categories of housing require additional investment, especially housing for re-entry, transitional, and affordable housing
Center for Homeless	Veteran homeless services agency	Subject Matter Expert for Qualifying Populations	The Center is South Bend, Indiana’s largest residential facility for individuals experiencing homelessness. SME shared a long-standing gap associated with identifying and serving female vets – when they began their program in 1988, they could only identify one female vet in their service area. The Robert L. Miller Sr. Veteran’s Service Center connects PSH with the Center’s emergency shelter services on one campus - providing an opportunity to meet vets’ immediate housing needs and provide a

			smooth transition to PSH housing. They have placed 75% of vets into PSH.
City of Indianapolis	Government	Subject Matter Expert for Prevention, Qualifying Population, Performance Measures.	Provide best practices and guidance.
Community Action Poverty Institute	Advocacy	Subject Matter for Racial Equity.	Economic instability men and women face is profoundly influenced by racial economic inequality and intersects with racial and ethnic disparities in the United States. The <i>Indiana Community Action Poverty Institute</i> promotes public policies to help Hoosier families achieve financial well-being. SME shared data relative to Vanderburgh County housing, by race, to inform dialogue on the community's need to serve cost-burdened households. Also provided suggestions on equitable statewide housing and financial stability policies.

<p>Coalition for Homelessness Intervention and Prevention</p>	<p>Research and policy institute</p>	<p>Subject Matter Expert for Racial Equity</p>	<p>Shared data relative to Vanderburgh County housing, by race. Also provided suggestions on equitable statewide housing and financial stability policies.</p>
<p>ECHO Healthcare</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Healthcare, Racial Equity.</p>	<p>Stable housing is important for healthcare. The Latino population and immigrant populations have special needs unique to them.</p>
<p>ECHO Housing Corporation</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Access to Permanent Housing, Prevention, Coordinated (Access) Entry, Qualifying Populations.</p>	<p>Best practices in racial equity, CE systems, and delivery systems. Permanent supportive housing is key to ending homelessness, especially for the chronic and most vulnerable homeless populations. Lead agency for Evansville’s Promise Zone designation, and provider of Veteran permanent supportive housing.</p>

<p>Evansville Christian Life Center</p>	<p>Non-profit</p>	<p>Survey; Subject Matter Expert for Prevention.</p>	<p>Coordinated entry and prevention are working well; housing is needed for those making 30% AMI; PSH, subsidized and affordable housing require additional capacity investment and should be prioritized; the community needs more emergency shelter for families; increased coordination. Mobile medical coordinated with shelter staff is needed. The homeless population is aging and needs access to assisted living facilities that will take Medicare.</p>
<p>Evansville Housing Authority</p>	<p>Non-profit Housing Authority of the City of Evansville (PHA)</p>	<p>Survey, Interview; Subject Matter Expert for Landlord Relations.</p>	<p>Identified transportation, affordable housing, and childcare as significant gaps in serving households at risk of homelessness. Also identified the housing age and quality as a significant issue for low-income households. Identified 50%AMI and below as target income level, and PSH, market rate rental, and subsidized rental as most needed housing development. Identified households with previous evictions or debt and those with criminal records as most in need of housing options.</p>
<p>Evansville Police Department</p>	<p>Government</p>	<p>Survey; Subject Matter Expert for Panhandling.</p>	<p>Identified access to permanent housing, healthcare, and homeless children, and youth as ongoing needs. Emergency and permanent housing are gaps, and there are not enough beds of any kind. Permanent supportive and affordable housing should be prioritized</p>

Evansville Rescue Mission	Emergency shelter	Survey Subject Matter Expert for Shelters.	Mental health services and assistance for those with mental disabilities are needs in the community. Case managers do well helping those they can but need more capacity to serve everyone who needs help navigating the homeless services system or obtaining housing. Panhandling should be discouraged and giving should be diverted to nonprofits or funds that serve the homeless and other community needs.
Evansville-Vanderburgh Building Commission	Government	Subject Matter Expert for Landlord Relations	Provides Rental registry for the City of Evansville, including landlord contacts.
Evansville-Vanderburgh Commission on Homelessness	Government Commission	Subject Matter Experts for Closing Session	Created in 2005 from the original plan to end homelessness for the City of Evansville and Vanderburgh. Officially oversees the plan to end homelessness, and Homeless Connect. Includes agencies members from the government and homeless community.
Evansville-Vanderburgh Human Relations Commission	Government	Subject Matter Expert for Fair Housing	Promotes equality of opportunity primarily through the enforcement of civil rights laws at the local level. Investigates discrimination, complaints to provide all citizens equal opportunity on the basis of race, religion, color, sex, disability, national origin, ancestry, familial status, sexual orientation, and gender identity.
Evansville Vanderburgh School Corporation	Public school corporation	Subject Matter Expert for Homeless	Improvements in landlord relations needed, better contact information. More long-term services are needed for women.

		Youth, Qualifying Populations.	
Foster Care in the US	PSH for former foster youth	Survey; Subject Matter Expert for Prevention; Homeless Youth.	Identified community needs: permanent housing, housing for homeless children and youth, housing for those with a criminal record. Region 12 should prioritize emergency shelter and PSH
For Evansville	Non-profit	Survey; Subject Matter expert for Homeless Data.	Identified housing gaps for homeless children and youth. Because most homeless children are doubled up, increasing prevention to keep them from entering shelter and move them to independent housing is a priority. Transitional or interim and permanent supportive housing for youth aging out of foster care is needed. Identified all categories of housing as in need of additional investment and priorities.
FSSA	Government	Subject Matter Expert for Homeless Data.	Recommends Charity Tracker as a system to improve collaboration and increase access to local service data.
House of Bread and Peace	Emergency shelter, women, and children	Survey; Subject Matter Expert for Shelters.	Identified access to permanent housing as the area needing action, and PSH and subsidized housing as the housing categories requiring additional investment. No categories of housing have adequate beds/units, and emergency shelter and affordable housing should be the highest priority.

<p>Indiana Legal Services</p>	<p>Legal services Agency</p>	<p>Survey; Subject Matter expert for Healthcare, Re-Entry, and Homeless Youth.</p>	<p>Affordable housing stock isn't sufficient to meet the need. Healthcare, re-entry, and homeless children and youth are areas that need increased investment. More single female emergency beds are needed, as well as more PSH. Affordable housing should be priority number one.</p>
<p>Indiana Coalition Against Domestic Violence</p>	<p>Statewide coalition of DV service providers</p>	<p>Subject Matter Expert for landlord relations</p>	<p>Eviction prevention and Fair Housing best practices and domestic violence advocacy.</p>
<p>Indiana Housing Community Development Authority</p>	<p>Government</p>	<p>Subject Matter Expert for Homeless Data, Performance Measures.</p>	<p>Provide Homeless Management Information System (HMIS) for the Indiana Balance of State Continuum of Care (CoC) including the City of Evansville. Provide support staff to the Indiana Planning Council that oversees our CoC.</p>
<p>Indiana Youth Group</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Qualify Populations</p>	<p>Framework for assessing equity with nonprofit organizations, identify needs of those fleeing domestic violence.</p>
<p>Liberty Terrace Apts/The Martin Group</p>	<p>Apartment management / commercial real estate</p>	<p>Subject Matter Expert for Qualifying Populations</p>	<p>There are specific housing needs for vulnerable and qualifying populations.</p>

<p>Memorial Community Development Corporation</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Racial Equity</p>	<p>Overcoming barriers relies on building long-term relationships and trust, community investment, and empowering people.</p>
<p>Mothers at War</p>	<p>Non-profit</p>	<p>Survey; Subject Matter Expert for Re-entry, Youth Homeless.</p>	<p>Affordable housing should target households earning 100%AMI or less, PSH and subsidized rental would best fill this need. Households in need of mental health services and extremely low-income households have the greatest unmet housing needs. Identified transitional housing as a need for youth aging out of foster care. Evansville should prioritize coordinating agencies to pursue funding for youth homelessness and focus on foster care and re-entry.</p>
<p>Ozanam</p>	<p>Emergency shelter, families</p>	<p>Subject Matter Expert for Shelters.</p>	<p>Eviction records and utility debts are barriers to housing.</p>
<p>Parenting Time Center</p>	<p>Consultant for Non-profits</p>	<p>Survey; Subject Matter Expert for Re-entry.</p>	<p>Identified 30-50%AMI as the target income level for affordable housing, and permanent supportive housing as best to fill the need. Children, large families, extremely low income, and single father households have the greatest need for more housing options. Lack of organized collaboration identified as a barrier to serving homeless children and youth.</p>
<p>ThoughtFire</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Continuum of Care</p>	<p>Provides Director for the Evansville-Vanderburgh Commission on Homelessness, and representation for the Continuum of Care.</p>

<p>Tri-Cap</p>	<p>Non-profit/Community Action Program</p>	<p>Subject Matter Expert for Re-Entry.</p>	<p>Identified the need for increased case management for ex-offenders, one-on-one assistance. A website and database identifying services and contact information to connect ex-offenders to services is needed. Transportation is also a barrier for this population. Identified housing that will accept someone with a criminal record as a need. Also sees a need for support groups for children of incarcerated and formerly incarcerated parents.</p>
<p>United Caring Services</p>	<p>Emergency shelter/Medical Respite</p>	<p>Survey; Subject Matter Expert for Homeless Data, Landlord Relations.</p>	<p>Identified 50-100%AMI as the target income range for new housing, and subsidized rental, market rate rental, specialized homeownership options, and small individual rentals as best to fill this need. They also ranked PSH as the most needed housing type. Populations in greatest need of housing options are children, youth, and young adults as well as couples, followed by single father households. Identified understanding qualifications for rental assistance and how to apply, insufficient vouchers, and lack of landlords taking vouchers as barriers to rental assistance. Children and youth lack housing options, and youth aging out of foster care need group homes or transitional housing.</p>
<p>United Neighborhoods of Evansville</p>	<p>Neighborhood association</p>	<p>Survey; Subject Matter Expert for Neighborhoods, Qualifying Populations.</p>	<p>More input from currently homeless people is needed.</p>

<p>United Way of Southwestern Indiana</p>	<p>Non-profit</p>	<p>Subject Matter Expert for Homeless Data</p>	<p>Provide ALICE data on poverty. Provide support staff for Commission on Homelessness projects; fiscal agent for Homeless Connect.</p>
<p>Vanderburgh County</p>	<p>Government</p>	<p>Survey</p>	<p>Identified housing vouchers and housing inventory as gaps. Prioritized affordable housing as the number one need, followed by transitional, PSH, and then emergency shelter.</p>
<p>Vocational Rehabilitation</p>	<p>Employment /Advocacy for individuals with disabilities</p>	<p>Survey; Subject Matter Expert for Qualifying Populations</p>	<p>Identified 50%AMI and below as target income, and market rate housing as best to fill the need. PSH, market rate housing, subsidized rental housing, and specialized homeownership options are most needed. Populations most in need are households with mental health needs, previous evictions or utility debt, large families, transgender, single fathers, and 50%AMI or below. Youth aging out of foster care need transitional housing with supports, collaborative agencies focused on their needs, and funding and housing that serves this population. Many youth don't fit the "category 1" definition of homeless. Technology, transportation, and lack of contact information are barriers to healthcare.</p>
<p>Volunteers of America Ohio and Indiana</p>	<p>Veteran services and housing</p>	<p>Survey</p>	<p>Access to permanent housing needs ongoing work; permanent supportive and subsidized housing require additional capacity investment; emergency and affordably housing should be prioritized; Few landlords are willing to work with re-entry clients and mental healthcare resources are insufficient</p>

Volunteer Lawyers Program	Non-profit	Survey	Identified incomes below 50% as most in need of additional housing options and PSH and subsidized rental as the most needed housing types. Barriers to rental assistance include knowledge of how to apply, insufficient number of vouchers and landlords willing to take them, and internet and language barriers.
YWCA of Evansville	Emergency shelter, women, DV	Interview; Survey; Subject Matter Expert for Racial Equity, Qualifying Populations	Identified an increase in housing issues over the last 18 months. Over 50% of people arrive at court the day of their eviction are unaware of assistance available for eviction prevention. Tenants need to be educated on prevention assistance and seek assistance 2-3 months prior to eviction. They also need to know the importance of attending the second hearing that determines what they owe the landlord. Identified the long process and documents required to obtain prevention assistance as a barrier.
Ben Kendall (Individual)	Community Advocate	Survey	Identified all housing categories as needing additional capacity. Affordable housing is needed for households with large families, criminal histories, or previous evictions or debts. Mental and medical health care and homeless prevention are not working effectively.
Anonymous		Survey	Identified 30%AMI and below as target income for affordable housing, and specialized homeownership options as best for this need. Ranked PSH, market rate rental and subsidized rental as most needed housing options. Marked extremely low income, households in need of mental health services, and children youth and young adults as

		populations most in need of housing. Barriers to rental assistance include insufficient vouchers, lack of landlords taking them, and lack of knowledge about qualifications or ability to apply. Youth lack enough housing options, funding, and a collaborative group focused on serving their needs. A barrier to healthcare is the need for active help maintaining mental health medication.
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Identified Needs

Survey respondents agreed that the community does not have sufficient rental and permanent housing capacity to prevent and end homelessness. Affordable and income-based housing were identified as the biggest gaps in the housing inventory, with a high need for housing those with incomes below 50% AMI, children and young adults, households with eviction and utility debt histories, individuals facing substance use disorders, those fleeing domestic violence - particularly in rural areas, older permanent supportive housing residents needing assisted living, and households in need of mental health services. Subsidized rental housing, specialized homeownership opportunities, market rate rentals, and permanent supportive housing were identified as the housing types that would best meet the housing needs in the community. Permanent supportive housing was identified as the housing type most in need of greater investment, followed by subsidized housing and affordable market rate housing. The biggest barrier to entering and maintaining housing is insufficient income for the available market rents. Increasing the housing stock available to the lowest income and most vulnerable households is necessary to fill this need as well as housing close to jobs and in locations welcoming to diverse populations.

The quality of existing housing stock is a serious concern. A great deal of low-income housing stock is old and in poor shape, leaving renters with substandard housing conditions. These units are often the only units available for those with criminal histories, utility debt, or previous evictions and the cost of utilities in these units are often exorbitant. Older housing units are also not easily accessible for the elderly and disabled individuals on fixed incomes.

Housing vouchers were identified as a significant need. When the waiting list for 2022 was opened, over 1,000 applications were received within three days. Qualifying households receive vouchers based on a lottery system, so the length of the wait time varies. It is challenging to find landlords willing to accept vouchers. Homeless individuals in Evansville are not prioritized to receive vouchers as they are in other communities. Households receiving vouchers or public housing units are often in need of other supports such as case management to help them maintain their housing.

Among the populations served in the homeless services system, most populations were described as having an inadequate number of beds/units available except for individual men and veterans. Housing/beds were described as adequate for individual men by 77% of respondents and for veterans by 36% of respondents. Shelter for individual women, individual transgender, families, LGBTQ+ individuals, victims of domestic violence, youth, and foster youth, are all ranked as insufficient by most community respondents. Single fathers with children and couples are unable to access shelter without splitting up.

Community members expressed concern that homeless children and youth are underserved, especially those aging out of the foster care system and LGBTQ+ youth fleeing domestic violence. Youth populations are challenging to serve with homeless services because they are often “couch surfers” or doubled up as children or young adults. The Evansville Vanderburgh School system identified 244 households with children homeless under the McKinney-Vento definition from August to March of the 2021-2022 school year. These households could use case management to assist in stabilizing their housing. Youth aging out of foster care need permanent supportive or interim housing options to provide stability as they build their financial resources as adults. Some young adults are also parents and need housing units large enough to serve a family, while others need an affordable one-bedroom unit.

Evansville has an FQHC provider who is available to serve homeless and at-risk clients, however they currently do not have a mobile unit. Transportation and the ability to follow up on scheduled appointments are significant barriers among this population. A mobile healthcare unit is a best practice approach that would make services available on-site or via telehealth options where the patients are located. This service approach should be carefully coordinated with shelter staff to help clients take advantage of the hours it is available. Without a mobile unit available, the community should focus on providing transportation and follow up support to clients who need to access healthcare.

Other needs for homeless healthcare were also identified. Clients need increased access to behavioral and mental healthcare, as current wait times are weeks to months. Behavioral health providers would like to interface with law enforcement and work closely with them. As minority populations such as Hispanic, Haitian, Marshallese, Afghan, and others, increase in the community, cultural competency and translation services are important components of serving everyone in Evansville. Strong relationships and staff that “look like” the clients they serve will also help alleviate fears diverse populations often face when seeking mainstream health service. Healthcare providers need staff support to conduct data collection and processing. This step would increase their understanding of client needs and how to improve services. Dental services are available through clinics and a mobile unit, but increased capacity in this area is also needed.

Ex-offenders are at high risk of entering shelter upon or shortly after release. Transitional or interim housing immediately after release and permanent housing that will accept people with a criminal record are both important to securely house this population. Case management to connect clients with services is important to establish stability. Transportation to appointments

and employment is needed. The Re-Entry Network also identified support groups for the children of incarcerated or formerly incarcerated individuals as an important need in the community.

Childcare continues to be a significant challenge to maintaining employment. The COVID-19 pandemic resulted in a number of childcares shutting down, exacerbating this problem.

Additional needs related to the homeless service delivery system included more funding for services, stronger communications/collaborations within the system, more intentionality in supporting equitable systems, data provided in “real time,” regular review of internal and external processes, and staff gaps at the entry, mid, and executive levels due to retirements and The Great Resignation. Capacity building needs such as increasing system pay/benefits and supporting staff training and certifications were also identified. The need to increase community knowledge of the impact of homelessness as well as share information regarding Evansville’s homeless, extremely low-income, and ALICE® populations so that funders, elected officials, and community residents support system work. Finally, the needs to develop a unified voice for the system and increase community education opportunities, particularly landlord and tenant Fair Housing education, were also shared.

Strengths

Homeless Outreach, Homeless Veteran Support, and Homeless Healthcare were recognized most often as sufficient for the needs in the community. Homeless Outreach was the most consistently identified as working effectively (77%). This service provides case management to individuals in shelters and living on the streets to help them access services and housing as quickly as possible.

Individuals leaving incarceration who have children have access to a program that provides an assessment before they leave jail or prison and helps them obtain needed support. This can include housing, substance abuse treatment, parenting classes, and transportation for child visits. This program builds a supportive environment and the opportunity for housing stability. Data shows that maintaining a link to children and family decreases recidivism.

The community has created 333 permanent supportive housing units, including twelve units for the medically vulnerable. These units reduce chronic homelessness and provide housing for the most vulnerable households in the community. Utilization rates are well above 70% in most developments, up to 100%.

Housing/beds were described as adequate for individual men by 77% of respondents and for veterans by 36% of respondents.

Evansville has also implemented Coordinated Entry and has seen an improvement in the identification of the most vulnerable clients for permanent supportive housing. This system is working effectively to match households with the housing type or service that best fits their needs, including rapid rehousing, permanent supportive housing, and emergency shelter. Coordinated entry staff are also able to use this process to identify system gaps and make recommendations for housing development and homeless services.

Local service provider, Aurora, has added a Community Housing Advocacy Team that provides “help to navigate housing barriers, develop landlord mediations, and referrals to community resources.” By serving those in a crisis prior to homelessness they can prevent or divert households away from shelter.

The regular homeless healthcare system includes respite beds for recovery and 12 PSH units set aside for the medically vulnerable. During the COVID 19 crisis, Evansville provided 100+ homeless individuals with a safe location to isolate and recover from COVID. They also provided vaccination clinics at the homeless shelters and ECHO housing to ensure the homeless population had access to protection from COVID.

Housing Vouchers

All respondents agreed the community does not receive an adequate number of vouchers for the need. When the wait list opened in 2022, over 1,000 households applied within 3 days. Only 1,906 vouchers are available to the community. Because the vouchers provide permanent housing, turnover is low. Other communities prioritize the homeless to receive vouchers, but this is not currently available in Evansville. In addition to more vouchers, the community expressed a need for more landlords willing to work with EHA and other housing programs. Households leaving homelessness would especially benefit from long term case management or support to ensure they are able to maintain their voucher.

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:

- ***Public comment period:*** 3/14/2022 - 4/14/2022
- ***Public hearing:*** 3/18/2022

Surveys were sent via email December 30, 2021, and made available on the city website from January 18-February 21, 2022. A public charrette process was held March 14-18 and the process engaged BIPOC individuals as well as those with lived experience of homelessness to shape conversations. A public hearing was hosted via zoom and in person at an accessible location on March 18, 2022. The notice of public hearing included the following language: “The City does not discriminate on the basis of race, color, religion, sex, familial status, disability, or national origin. If a reasonable accommodation is needed, please contact DMD at (812) 436-7823 or TDD: (812) 436-4928 for the Deaf and Hearing impaired at least three business days before the meeting.”

Describe any efforts to broaden public participation:

Surveys were shared with key stakeholders as well as on the city website and through a public list-serv to give a wide audience the opportunity to respond. A week-long charrette focused on twelve different topics gave stakeholders and community members the opportunity to share feedback about specific areas of concern. The charrette was available in person or via zoom to allow for greater participation. A public hearing was held in person and on zoom, and a public

comment period allowed for comments through mail or email. The public was informed about the charrette and public hearing through fliers at events for homeless agencies, social services, and neighborhood groups, online through Facebook, Twitter, LinkedIn, and social media advertising, and through three local TV stations and two print media sources.

The PJ also considered any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process:

Affordable housing is a priority need in the community, particularly for low to very low-income households. This includes subsidized housing, permanent supportive housing, unconventional homeownership options, and affordable market rentals. Former foster youth and ex-offenders would also benefit from transitional or interim housing. Single bedroom units and units for families are needed.

Homeless prevention requires greater collaboration among providers and education of at-risk households. Providers need a greater understanding of the difference between prevention and diversion. In addition, current diversion services need to be expanded and diversion efforts need more resources to be effective.

Serving homeless children and youth is challenging because many do not meet the Category 1 definition of homelessness and there are not enough resources available for this population. Youth aging out of foster care need flexible funding sources that allow payments for cell phones, car repairs, and other necessities for stabilizing income and housing. Children in the school system need greater access to social workers or case management for their families to build a path to housing stability. Housing for this population should include single bedroom units as well as family units.

Landlord relationships are an important part of the success for a number of housing programs. Public housing vouchers, rapid rehousing, and ex-offender programs all have difficulty finding landlords willing to house someone receiving public assistance, formerly homeless, or with a criminal record. Oftentimes, substandard units are the only housing options available to these individuals and the units are in less than desirable locations. Relationships need to be strengthened between case managers and landlords to help landlords take a risk and rent to those with criminal histories and past evictions. Understanding the nuanced business models and self-interests of various landlords (e.g., local, national, corporate, or individuals) is key to expanding relationships that open dialogue, create a stronger referral system, and increase the number of landlords willing to house these populations. The tight housing market has resulted in landlords raising rents, selling units, not renewing existing leases, being more selective in tenant selection, and implementing tighter lease restrictions. Relationships and ongoing communications with landlords will help them understand their options for making units more accessible and yet safe for residents. Incentives, expansion of the landlord database, training for property

managers/landlords, and professional recognition for landlords were also suggested as ways to strengthen relationships and increase access to affordable housing.

Homeless individuals have difficulty accessing medical care due to transportation and accessibility issues, knowledge of their eligibility and how to access services, and lack of insurance. This population also needs extra support to make and follow up on medical appointments. Telehealth options have increased but a mobile medical unit would significantly reduce barriers to service, and providers in the medical unit should work closely with shelter staff to make the most of their services. The homeless also experience difficulties accessing specialists, mental health care, and maintaining access to medications. Local physical and occupational therapists have started a nonprofit clinic to provide their services to low income and homeless individuals.

The Re-Entry Network is actively serving incarcerated and formerly incarcerated individuals, helping them maintain connections to their children and providing a broad set of services to help them with housing, transportation, counseling, and parenting. The community could further support this program with new organizations providing services and developing transitional or interim housing for this population. Ex-offenders would benefit from the use of a new database that will help them connect with resources immediately after release and the development of a website to help access resources. The program needs a larger number of landlords willing to rent to this population.

The community desires data-driven programs and needs increased detail in data collection and access to the data. These goals can be achieved by identifying the desired data and adapting HMIS or utilizing Charity Tracker. Hiring staff to develop data fields, run reports, and analyze the data is essential to improving the data quality and how much it is used in the community. New data fields should track process data to identify needs within the system as well as client numbers and outcomes. Real time data on the composition of the homeless population would help the shelter system and other providers adapt more quickly.

Several organizations advocated for the needs of staff members. Increasing pay and making it easier to take needed time off are essential to valuing staff and reducing turnover. Training new staff in the homeless system and related resources is essential to improving service delivery so the quality of a client's experience does not depend on which case manager they meet.

Panhandling is a significant issue that was studied by the Evansville Police Department. Their research established that panhandlers receive a substantial amount of money, but most of them are experiencing self-disclosed alcohol or substance abuse issues. The EPD together with the Commission on Homelessness recommends educating the public not to give to panhandlers and instead to redirect their money to nonprofits that serve the homeless. These funds could be specifically put towards a Homeless Services Trust Fund, diversion program, or other homeless services.

Additional recommendations during the public consultation process (charrettes) regarding racial equity included:

- Increase implicit bias and cultural competency training to help embed equity in HOME-ARP activities and homeless service delivery systems.
- Continue conversations with statewide organizations to learn of best practices for systems change and specific needs of qualifying populations.
- Ensure CE and housing development activities consider opportunities to break free from the one-size-fit-all models.
- Increase opportunities for those with lived experience as well as individuals representing qualifying populations to inform activities, serve as champions for HOME-ARP projects, and work within homeless delivery systems.

In addition to identifying gaps and needs, consultations and public comments revealed several recommendations related to the specific use of HOME-ARP funds:

- Allocate funds aligned with qualitative and quantitative data, gaps, and needs uncovered during the HOME-ARP planning and community engagement processes outlined within this plan.
- Explore the possibility of using additional public/private funding sources to support HOME-ARP projects.
- If developing projects, consider not only the type and number of units needed but also if the units are in locations where qualifying populations feel welcomed and have access to the services required to meet the needs of specific qualifying populations.

Two additional comments were received through the Facebook Event post: 1) Rent going up and utilities going up equals housing crisis; 2) Many veterans are not comfortable receiving help through regular homeless and near-homeless services, even though they may qualify. We need more resources and services targeted to veterans as veterans, while helping to maintain the dignity of veterans.

Summarize any comments or recommendations not accepted and state the reasons why:

All comments received were considered.

Homeless Needs Inventory and Gap Analysis

BOWEN REPORT

Describe the size and demographic composition of qualifying populations within the PJ's boundaries:

Due to challenges in collecting and ensuring the accuracy of data from 2020 and 2021 due to COVID-19, the City of Evansville is choosing to use data from 2019, the last year of reliable data. The following numbers are from the 2019 Point in Time count.

The 2019 PIT found 410 total households homeless.

	Household Type	2019
Sheltered	One adult and child(ren)	30
	Households without children	336
Unsheltered	One adult and child(ren)	0
	Households without children	44
	<i>Total households</i>	<i>410</i>

Most households were households without children, with about 7% of households including one or more children. In 2019, there were no households of unaccompanied children.

Homeless Population by Gender - Region 12	
Total/Unsheltered	
<i>Gender</i>	<i>2019</i>
Female	139/7
Male	337/38
Transgender	1/0
Gender Non-Conforming	0/0

<i>Total Homeless Population</i>	477/45
<i>Total Homeless Households</i>	410/44

Slightly over one third of the homeless population was female, and one transgender person was reported in this year.

Homeless Population by Race - Region 12	
Total/Unsheltered	
<i>Race</i>	<i>2019</i>
White	331/33
Black or African American	123/11
Asian	1/0
American Indian/Alaska Native	6/1
Native Hawaiian/Other Pacific Islander	3/0
Multiple Races	12/0
<i>Total Population</i>	477/45
<i>Total Households</i>	410/44

Three quarters of the homeless population were white in 2019 (70%) and one quarter Black or African American (25%). About 4% of the population was Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, or multiple races. The percent of unsheltered individuals is proportional, with slightly more white individuals unsheltered (73%) than Black (25%) or other races combined (2%).

Homeless Population by Subpopulation - Region 12	
Total/Unsheltered	
<i>Subcategory</i>	<i>2019</i>
Chronically Homeless	30/0
Serious Mental Illness	117/17
Substance Abuse	89/12
Veterans	45/5
HIV/AIDS	5/0
Victims of Domestic Violence	25/1
Unaccompanied Youth	22/1
<i>Total Population</i>	<i>477/45</i>
<i>Total Households</i>	<i>410/44</i>

The above table shows the number of homeless individuals in particular subpopulations. The largest subpopulation was those with serious mental illness, followed by substance abuse.

Homeless Population Housing Demand Estimates (2021-2026) from Bowen:

Demand Component Persons/Beds

Existing Homeless Population* 477

Projected Growth** 2

Population Vulnerable to Becoming Homeless*** 44

Beds Required for a Balanced Market^ 40

Existing Housing Capacity^^ -409

Total Housing Gap 154

*Sheltered and unsheltered (based on 2019 PIT survey)

**Based on Evansville projected population growth 2021 to 2026 (assumes a 0.4% homeless rate)

***Applies 0.4% homeless rate to renters earning up to 80% of AMHI with one or more housing issues

^Assumes at least 10% of units/beds designated for the homeless should be vacant at all times

^^Based on 2021 HIC count of shelter and transitional housing beds

Describe the unmet housing and service needs of qualifying populations, including but not limited to:

- ***Sheltered and unsheltered homeless populations.***
- ***Those currently housed populations at risk of homelessness.***
- ***Other families requiring services or housing assistance or to prevent homelessness; and,***
- ***Those at greatest risk of housing instability or in unstable housing situations:***

Affordable housing for low-income households is the number one unmet need among the homeless and at-risk populations. A shortage of subsidized housing, vouchers, and affordable market rents have resulted in households that are rent-burdened, doubled up, or homeless and unable to re-enter housing. The coordinated entry staff in Evansville have identified a large number of households who are unable to qualify for permanent supportive housing because they do not need ongoing medical or mental health support, but they cannot be placed in market rate housing because they cannot afford market rents.

Access to mental and behavioral health is also a need among both sheltered and unsheltered homeless populations. These services are available in the community, but the wait time can be several weeks to a few months.

Households at risk of homelessness need greater access to flexible prevention and diversion resources. For many households, money for car repairs, to cover rent during a month of illness, and other short-term interventions can make the difference between staying housed or losing the ability to keep up with payments. Currently, the Community Housing Advocacy Team can help households build a housing map and assist with finding prevention resources. This program is temporary, and the community would benefit from funds to continue to provide this service. Attaching funding to meet household needs to this team would streamline the process.

Case management is needed for households at risk of homelessness and those currently homeless. This service helps households identify a path to housing stability by identifying community resources, helping with applications, and providing support for those who struggle to

follow up on plans and appointments independently. This resource was particularly noted as a need for ex-offenders, doubled up households, and former foster youth.

Youth aging out of foster care and ex-offenders are at high risk of housing instability. Youth need transitional, interim, or permanent supportive housing to provide them with stability as they build their financial security. Ex-offenders need transitional or interim housing, so they have a safe place to live as they re-establish an income, connect to community support, and look for permanent housing.

Confidentiality issues surrounding those fleeing domestic violence, LBGTQ+ individuals, and persons with HIV/AIDS impact housing needs, data collection opportunities, and service delivery systems. This is particularly true in rural areas of Vanderburgh County where housing options are scarce and tight-knit community relationships exist. More beds are needed for these populations and options widened so individuals and families either can stay with those experiencing similar circumstances (e.g., other LBGTQ youth) or are not segregated, as one participant put it, to the “AIDS apartments.” Obviously, privacy as safety issues must be balanced with issues such as victims of domestic violence not seeking housing or services because options are not located near their job or their children’s’ school - elements so vital for family stability.

On several occasions during public conversations, accessibility issues were discussed. Ranging from increasing home, supportive housing, and affordable housing modifications to the limited options for affordable assisted living housing, the conversations highlighted an expanding need to consider and meet the needs of the aging population as well as individuals with disabilities. This is particularly true of individuals living in Evansville’s aging housing stock.

Finally, wrap around services and diversion activities were all identified as strengths to the housing and service delivery systems. However, expansion of these services, particularly financial literacy services across generations, is needed. Many of these programs are offered within the jurisdiction and many are designed to provide services in real time and “meet individuals and families where they are.” But there is still more to be done to help vulnerable populations withstand financial disasters such as COVID-19 or a factory closing. Strengthening the community’s diversion efforts to help keep individuals out of shelters was highlighted as a need, particularly as COVID supports end and gas prices and inflation rise.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

Bowen National Research conducted a housing needs assessment and gap analysis which documented available housing resources in Evansville. BNR was able to survey fifteen subsidized properties comprising a total of 1,020 units with a 99.4% occupancy rate. These properties have a wait list of approximately 299 households and wait periods up to 2 years long. Another twelve properties were not surveyed but provide 1,433 government subsidized units.

One of these projects serves seniors and the others are general occupancy projects. The Evansville Housing Authority provides 1,550 Housing Choice Vouchers and 1,643 people are currently on the waiting list for additional vouchers. The high occupancy rate of subsidized housing and long wait list for vouchers both indicate an unmet demand for affordable housing.

The housing inventory count identified the following number of beds by housing or shelter type:

- Total Emergency Shelter Beds 371
- Total Transitional Housing Beds 24
- Total Permanent Supportive Housing Beds 333
- Total Rapid Re-Housing Beds 89

In a typical year, there is very limited availability within the homeless housing supply.

Evansville and Vanderburgh County utilize Tenant-Based Rental Assistance (TBRA) resources effectively, particularly the Federal TBRA opportunities available in response to the COVID-19 pandemic. Supportive services are delivered through a strong network of providers and cover a wide range of services including employment training, eviction prevention services, financial literacy programs, school counseling, after-school programs, transportation assistance, and health services.

In the wake of the pandemic, the community is challenged to make the most of short-term abundance of Federal and State resources directed to housing, equity, and economic development priorities. It is carefully considering how to best utilize these additional resources, specifically the READI program, \$500M of state appropriations to promote strategic investments for economic growth in regions across Indiana. The community is working to leverage all these additional opportunities, within funding restrictions, to make decisions impacting long-term housing and economic growth outcomes for Evansville and Vanderburgh County.

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

Within the shelter system, shelter is needed for single women, transgender/non-binary individuals, families, youth, foster youth, domestic violence survivors and permanent supportive housing residents needing assisted living housing. Single men and veteran shelters were considered adequate by 77% and 36%, respectively, of respondents. This indicates that increased shelter beds in all categories would be utilized, but priority should be given to underserved and HOME-ARP qualified populations.

Affordable housing for extremely low-income households, including housing choice vouchers, subsidized housing, and affordable market rate models, was identified as a significant gap in the housing inventory. The system also identified Permanent Supportive Housing, specialized

homeownership opportunities, transitional housing for youth aging out of foster care, and housing resources for homeless children as gaps in the housing inventory.

Community members were asked to consider if the service delivery system is sufficient to meet demand and if it is working effectively. Homeless diversion, rapid re-housing, homeless mental healthcare, and addiction and recovery services were rated as low in both areas. Currently the wait for mental healthcare is 6 weeks or longer. Responses also indicate a need for a greater access to prevention resources, re-entry support, veteran support, and community case management. Prevention resources are available from a variety of sources, but it continues to be a challenge to provide these resources quickly. Individuals leaving incarceration with children have access to services that assist in stabilizing them in housing and helping them reconnect with their children, but no such program exists for individuals without children. Service providers across the community communicated the need to increase case management to improve client access to services, increase the number of households that can be served, and provide stabilizing support for those with ongoing needs.

Again, wrap-around and prevention services are delivered through a strong network of providers and cover a wide range of services including employment training, eviction prevention services, financial literacy programs, school counseling, after-school programs, transportation assistance, and health services. Expansion of these services in Evansville and the county's rural communities and stronger communication/collaboration among service providers is needed, as well as data sharing options for measuring community impact. The service delivery system needs identified and discussed were primarily aligned with capacity issues, cultural competency needs, process improvement, and the ability to communicate how services not only impact those served but also the county by reducing costs, increasing public safety, and contributing to economic growth.

Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of "other populations" as established in the HOME-ARP Notice:

There is a complex array of social determinants that are associated with instability and increased risk of homelessness. Local data reported by Welborn Baptist Foundation (WBF) and Bowen National Research (BNR) give us insight into health, housing, income, and special circumstance factors that all contribute to a household's risk of homelessness.

Welborn Baptist Foundation conducted a Social Determinants of Health study in 2021. This study found that "1 in 4 residents may find litter or blight near their homes and 1 in 10 may see vandalism. This tends to be more prevalent among renters." Fourteen percent of homeowners and 25% of renters have inadequate insulation, which likely results in higher utility expenses. Twenty-one percent of renters also experience rodents or insects in their homes. This data indicates the need for housing improvements and stabilization.

Bowen National Research conducted a Needs Assessment and Gap Analysis for the city of Evansville. According to BNR, more than one in five people in Evansville currently live in poverty, and one in three children in Evansville live in poverty. Lower income households, earning less than \$40,000, comprised nearly two thirds of the renter population in 2021 and 25% of renter households earned less than 30% Area Median Household Income (AMHI). BNR states: “This represents a large base of financially vulnerable renter households in the market.”

BNR also studied which households experience one or more housing issues related to affordability and housing conditions. These factors indicate households that are the most vulnerable to experiencing homelessness. Among households earning 30% AMHI and below, 4,565 renter households have one or more housing problems. 78% of renters and 75% of owners earning 30% AMHI or less experience one or more housing issues. Research found that 26% of all renter households and 9.4% of all owner households have severe housing problems. This data indicates that very low-income renter households are likely to experience housing problems that may lead to homelessness.

In 2019, 473 inmates were released to Vanderburgh County. This population is at-risk of homelessness due to the challenges they face finding housing and employment.

Within the homeless population, subcategory populations can be identified and help us understand other circumstances leading to homelessness. According to Bowen National Research “persons with serious mental illness, substance abuse challenges, or veterans make up the largest portions of the homeless population.” These three groups together made up approximately 40% of the homeless population during the PIT in 2019. This indicates the need for services to support mental health and substance abuse treatment, particularly among the lowest income renter households. Other subcategories within the homeless population include victims of domestic violence, HIV/AIDS, unaccompanied youth, and the chronically homeless.

Identify priority needs for qualifying populations:

Affordable housing for households earning 100% AMI and below was identified as a priority need, and the population earning 30% and below was highly recommended as the target income level. Subsidized rental, specialized homeownership, permanent supportive housing, and assisted living options for the permanent support housing population were the recommended housing types. Housing needs were ranked highest for children, youth and young adults, households with eviction or utility debt, and households with mental health needs. Transitional or interim housing with supportive services was identified as a priority need for children aging out of foster care.

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined:

Shelter and service delivery gaps were identified via surveys and interviews with CoC member organizations. Bowen National Research firm completed a housing needs assessment and gap

analysis. The charrette process confirmed these identified gaps/needs and added more anecdotal and lived-experience context for need and gap prioritization.

HOME-ARP Activities

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly:

Solicitations for HOME-ARP funds were accepted as part of our regular HOME application process in September/October 2021. All projects must be shovel-ready before receiving funding. Solicitations for HOME funding is also accepted on a rolling basis, and projects that are the more feasible to accomplish are most likely to receive funding. Solicitations for HOME-ARP funds will also need to meet the HOME-ARP requirements including serving qualifying populations.

If any portion of the PJ's HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:

No portion of our HOME-ARP administrative funds were provided prior to HUD's acceptance. Four agencies were hired to assist in meeting the requirements of the homeless needs and gap assessment, consultation and other requirements of HOME-ARP. Carnagua Consulting and Prosperity Indiana worked together to host the conference sessions, which included a charrette process to bring stakeholders together. Bowen National Research provided the data and market study research, and Bravo Media Group provided the technical portion to host the conference.

PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits. The following table may be used to meet this requirement.

Use of HOME-ARP Funding

	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	\$ 429,593		
Acquisition and Development of Non-Congregate Shelters	\$ #		
Tenant Based Rental Assistance (TBRA)	\$ #		
Development of Affordable Rental Housing	\$ 2,250,000		
Non-Profit Operating	\$ #	# %	5%
Non-Profit Capacity Building	\$ #	# %	5%
Administration and Planning	\$ 60,000	2.19 %	15%
Total HOME ARP Allocation	\$ 2,739,593		

Additional narrative, if applicable:

Enter narrative response here.

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

We do not have enough affordable physical housing stock to keep up with the needs of housing our local homeless population. Therefore, the majority of these funds will be towards the development of affordable housing. Our local homeless shelters stay at maximum or near maximum capacity at all times, and COVID-19 precautions have further restricted the number of homeless people that can be served. However, we do not need to increase our shelter capacities if homeless persons can be housed more readily and sooner. The other limiting factor is that as we increase housing for the homeless, we need more case managers, housing mediation, and improved landlord relations to keep former homeless people housed, demonstrating the need to allocate funding for supportive services.

HOME-ARP Production Housing Goals

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

At least 41 affordable housing units will be targeted towards qualifying populations. All housing units directly supported by HOME-ARP are targeted for the homeless population as defined in the HOME-ARP regulations.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ's priority needs:

We need more affordable housing stock built to meet the needs of the local homeless population. The projects that we anticipate will receive HOME-ARP funds will produce approximately 167 housing units from a combination of different funding sources, with 41 affordable housing units supported by HOME-ARP funds.

Preferences

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

** Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).*

** PJs are not required to describe specific projects to which the preferences will apply.*

The City of Evansville does not plan to give preferences as all of the qualifying populations need affordable housing.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ's needs assessment and gap analysis:

N/A

If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference:

N/A

HOME-ARP Refinancing Guidelines N/A

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under which the PJ will refinance existing debt for a HOME-ARP rental project, including:

The City of Evansville does not intend to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds

** Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity*

N/A

** Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.*

N/A

** State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.*

N/A

** Specify the required compliance period, whether it is the minimum 15 years or longer.*

N/A

** State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.*

N/A

** Other requirements in the PJ's guidelines, if applicable:*

N/A