

# CITY OF BURBANK

## HOME-American Rescue Plan (HOME-ARP) Allocation Plan



**COMMUNITY  
DEVELOPMENT**

150 N. Third Street  
Burbank, CA 91510

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(This document is subject to change pending HUD approval)

# INTRODUCTION

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The American Rescue Plan Act of 2021 (ARP) appropriated \$5 billion to communities across the U.S. to provide housing, services, and shelter to individuals experiencing homelessness and other vulnerable populations. These funds were allocated to jurisdictions that qualified for funding through the HOME Investment Partnership Program (HOME Program) from the U.S. Department of Housing and Urban Development (HUD). Funding for this grant must be expended on eligible activities by 2030. This one-time funding is called the “HOME-ARP” Program.

HOME-ARP funds can be expended on the following eligible activities:

- Provision of Supportive Services (such as housing counseling, homelessness prevention, etc.).
- Acquisition and Development of Non-Congregate Shelters: Purchase and Development of Non-Congregate Shelter.
- Tenant-Based Rental Assistance.
- Production or Preservation of Affordable Housing (such as acquisition and rehabilitation).
- Administration and Planning for the HOME ARP Program (15% maximum allocation).

HOME-ARP funds must be used primarily to benefit individuals or families from the following qualifying populations:

- Homeless populations
- Those at-risk of homelessness
- Those fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- Other populations requiring services, housing assistance, or to prevent homelessness.

Those at greatest risk of housing instability or in unstable housing situations.

Through ARP, HUD allocated the City of Burbank (City) \$1,896,632 in HOME-ARP funds. To receive the funds, the City must submit an Allocation Plan to HUD. HUD requires for all grantee Allocation Plans to involve a thorough planning process that includes community and stakeholder consultations and a gap analysis. Furthermore, the Allocation Plan must be submitted to HUD by March 31, 2023. The City’s HOME-ARP Allocation Plan describes how Burbank intends to distribute HOME-ARP funds to address the needs of the qualifying populations. In accordance with HOME-ARP regulatory requirements, The Plan will be submitted to HUD as a substantial amendment to the Fiscal Year 2021-22 Annual Action Plan for review and approval.

# CONSULTATION

### Summarize the consultation process:

The HOME-ARP Program provides various uses for housing and services and also allows a grantee a way to address local homeless priorities. Therefore, together with the City’s consultant, Ramsay Group, a community consultation process was used to develop the Burbank Allocation Plan. The City’s community outreach and engagement process provided multiple opportunities for subject matter experts, stakeholders, organizations, the Burbank Housing Authority, housing developers, public and private health providers, elected officials, the Los Angeles Continuum of Care, behavioral health agencies, and others to assist the City with identifying the unmet needs and gaps in housing and service delivery systems.

City staff facilitated a comprehensive outreach process to obtain feedback, solicit best practices, and increase the awareness of HOME-ARP. Consultation methods included HOME-ARP city-wide surveys, two community meetings, two on-line surveys, a presentation to volunteers at the 2023 Greater Los Angeles Point-In-Time Count, interviews with lived-experience persons, a 15-day public comment period of the City of Burbank’s HOME-ARP Allocation Plan (AP), and a public hearing.

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

The City of Burbank held two stakeholder homeless roundtable meetings to obtain feedback and comments concerning homelessness in Burbank and the use of HOME-ARP. More than 70 organizations and interested parties were invited. The City met with representatives from the Continuum of Care, Service Planning Area providers, non-profits, faith-based/community leaders, and advocates as well as elected officials. Feedback was received from a cross section of Burbank community partners. Table 1 summarizes the entities consulted in the development of the HOME-ARP Allocation Plan.

Organization Consulted	Type of Organization	Method of Consultation	Feedback
Ascencia	Homeless Service Provider	Stakeholder Roundtable Meeting	Ascencia sees the need to connect with individuals and seek the appropriate housing and services solution for them.
Burbank Temporary Aid Center	Homeless Service Provider	Stakeholder Roundtable Meeting	Burbank Temporary Aid Center sees the need for emergency solutions such as reunification.
Helping Hands Senior Foundation	Service provider for special needs of aging adults	Stakeholder Roundtable Meeting	No comment
Hope The Mission (formerly Hope of the Valley)	Homeless Service Provider; Housing Provider	Stakeholder Roundtable Meeting	Hope the Mission sees the need to create interim housing as a short-term goal and permanent supportive housing as a long-term goal.
Jacaranda Housing	Homeless Service Provider; Housing Provider	Stakeholder Roundtable Meeting	Jacaranda Housing provides housing for two years and wrap around support services including life skill classes. Sees a need for shelter and services.

Organization Consulted	Type of Organization	Method of Consultation	Feedback
People Assisting the Homeless (PATH)	Veterans Service Provider	Stakeholder Roundtable Meeting	People Assisting the Homeless sees the need to deliver services and housing to people that are mentally capable of staying housed. Housing is not a one size fits all. Housing solution types will depend on the needs and gaps in housing resources.
Burbank Domestic Violence Task Force	Advocate for Victims of Domestic Violence	Stakeholder Roundtable Meeting	Burbank Domestic Violence Task Force sees a need for emergency housing for victims of domestic violence.
City of Burbank Housing Authority	Housing Authority	Stakeholder Roundtable Meeting	Burbank Housing Authority sees the need for supportive services and Community Services Center.
ONE Generation	Homeless Service Provider; special needs provider for older adults	Stakeholder Roundtable Meeting	One Generation sees a need for prevention and rental assistance for at-risk households and wrap-around case management.
Providence St. Joseph Medical Center	Health Provider	Stakeholder Roundtable Meeting	Providence St. Joseph Medical Center sees the need to build permanent supportive housing or wrap-around services.
Tarzana Treatment Center	Health Provider for behavioral health; homeless service provider	Stakeholder Roundtable Meeting	Tarzana Treatment Center sees the need for more supportive services and behavioral health through a Community Services Center.
California Senator Caroline Menjivar, District 20	California Legislature	Stakeholder Roundtable Meeting	California Senate District 20 sees a need to create housing for all people experiencing homelessness.
NoHo Home Alliance	Homeless Service Provider	Stakeholder Roundtable Meeting	No comment.
Bridging Community Resources.	Provider for Special Needs Populations; developmentally disabled	Survey	Bridging Community Resources sees the need to provide additional supportive services followed by housing.
Burbank Senior Board	Advocate for special Needs Populations; older adults	Survey	Various members completed the surveys  One member ranked emergency shelter as a priority  Second member ranked services as a priority

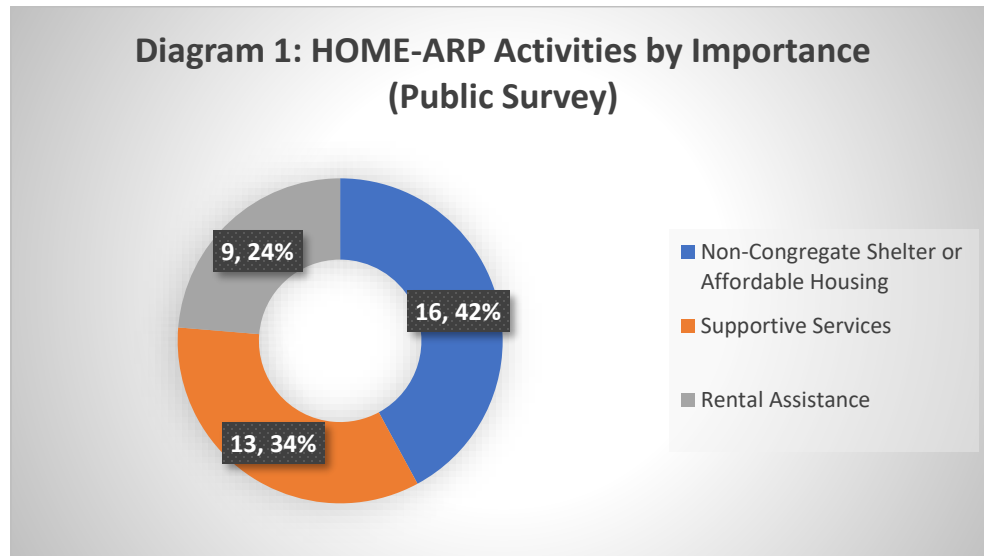
Organization Consulted	Type of Organization	Method of Consultation	Feedback
			<p>followed by housing and shelter.</p> <p>Third member ranked supportive services as a priority followed by housing.</p> <p>Fourth member ranked supportive services as a priority followed by housing.</p>
Home Again Los Angeles	Homeless Service Provider;	Survey	Home Again Los Angeles sees the need for prevention followed by supportive services, housing and shelter.
Homeless Persons	Lived Experience	Survey	Multiple surveys were collected. Many chose the need for housing, shelter, and services.
LA Family Housing	Homeless Service Provider; Continuum of Care Agency for Adults and Families	Survey	Los Angeles Family Housing sees the need for funds to address more permanent housing followed supportive services.
LeSar Development Consultants	San Fernando Valley Council of Governments, Homelessness	Survey	Supports the need for funds to address more housing and shelter.
The Village Family Services	Homeless Service Provider; Continuum of Care Agency for Transitional Aged Youth	Survey	Village Family Services sees housing and shelter as a priority.
Westminster Presbyterian Church	Faith Based Group	Survey	Westminster Presbyterian Church sees housing as a priority followed by supportive services.
California Housing Rights Center	Fair Housing/Civil Rights	Survey	All populations are important. Ideally, there should be more affordable housing for low, very low and extremely low households of all sizes regardless of age.
Los Angeles Homeless Services Authority	Los Angeles Continuum of Care	Meeting	Los Angeles Homeless Services Authority provided a memorandum to local jurisdictions that received HOME ARP funding supporting housing.

**SURVEYS**

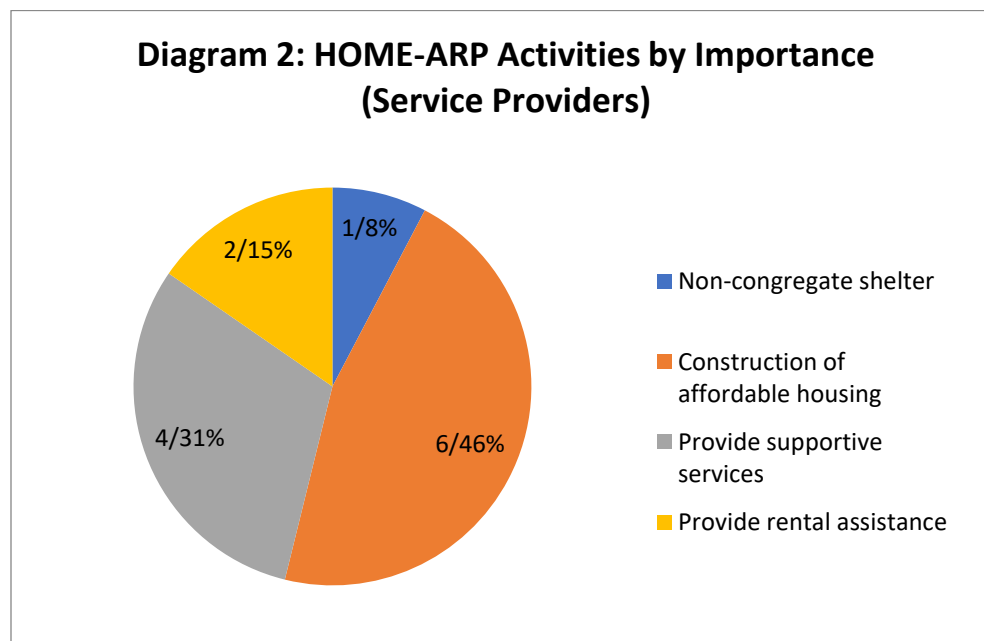
The City of Burbank exercised a holistic approach in developing a HOME-ARP Allocation Plan by executing a series of community surveys on homelessness. Surveys were available in English and Spanish and were available online and in-person from December 2022 to January 2023. In addition, the City conducted additional outreach and made a presentation regarding the homeless survey to approximately 60

community volunteers at the 2023 Greater Los Angeles Point in Time Count. Nearly 40 community surveys were received as a result.

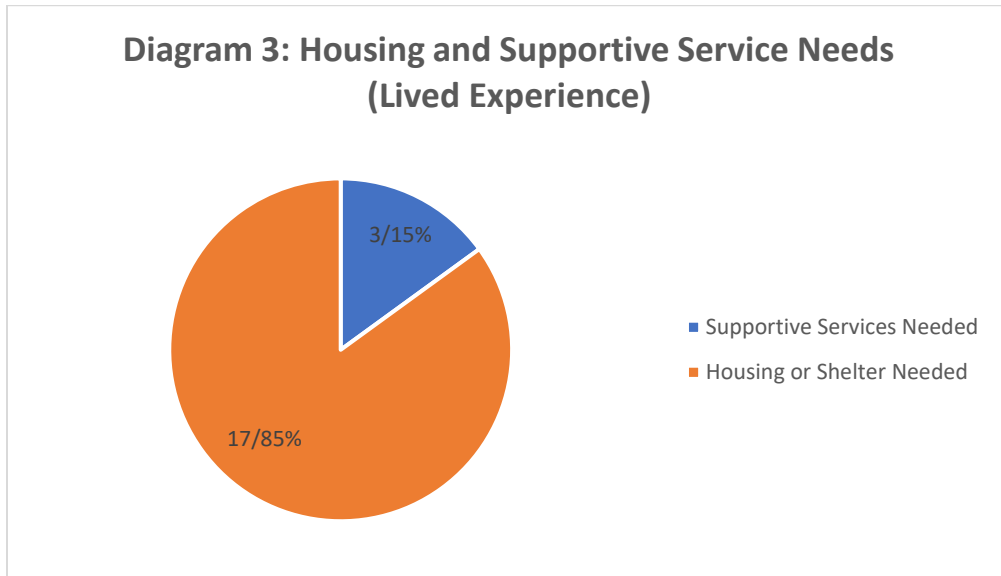
The community survey asked for the HOME-ARP eligible uses to be ranked by the level of importance – see Diagram 1. The survey results showed that a non-congregate shelter and affordable housing were the highest scoring uses. Supportive services were also of importance proceeded by temporary rental assistance.



In addition, the City collected 13 service provider surveys. The survey responses allowed entities that were unable to attend the roundtable consultation meetings an opportunity to provide their feedback. Diagram 2 shows that affordable housing is a priority.



To conclude, the City conducted in-person interviews with 20 individuals known to be homeless in Burbank. Of the 20 individuals surveyed, 13 responded with housing as their primary need, and seven responded with supportive services (food, legal aid, job training) as their primary need.



In summary, the HOME-ARP meetings helped inform the Allocation Plan. All whom completed the surveys were asked to prioritize the following four eligible programs under HOME-ARP.

- Provision of Supportive Services (such as housing counseling, homelessness prevention, etc.).
- Acquisition and Development of Non-Congregate Shelter.
- Tenant-Based Rental Assistance.
- Production or Preservation of Affordable Housing (such as acquisition and rehabilitation).

A majority of the respondents support using HOME-ARP funds for affordable housing and a non-congregate shelter. Therefore, the City recommends the HOME-ARP funds to be used to support a non-congregate shelter that aligns with the City's five-year (2022-2027) Homelessness Plan to reduce the unsheltered homeless population by 50% in 2027.



# PUBLIC PARTICIPATION

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**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:**

In accordance with the requirements for public participation for the HOME-ARP, and the City’s Citizen Participation Plan, two community meetings and one public hearing were held to solicit public comment regarding the HOME-ARP’s Allocation Plan and Substantial Amendment of the 2021 Annual Action Plan.

Prior to the publication of the HOME-ARP Allocation Plan, the City held two virtual community HOME-ARP Roundtable meetings on January 31, 2023, at 10:30 a.m. and February 2, 2023, at 6:00 p.m. The meetings were held during the day and in the evening to allow for increased opportunities for participation. As previously stated, over 70 community stakeholders were invited to participate in the process.

After publication of the draft HOME-ARP Allocation Plan, a notice was published in the Los Angeles Times, a newspaper of general circulation. The notice advising the public of the availability of the plan for public review and comment period. The notice also advised of the public hearing to approve the HOME-ARP Allocation Plan. The public comment period began February 18, 2023 and concluded March 4, 2023.

Prior to submittal to HUD, the HOME-ARP Allocation Plan was presented to the City Council for approval during a public hearing held March 28, 2023. The public hearing was intended to offer the public a final opportunity to submit their comments prior to the approval of the Plan. Refer to the Appendix for public comments received.

In addition, all interested parties also received an e-mail notification of the City’s request for public comment of the draft HOME-ARP Allocation Plan through the City’s e-Notify system.

**Describe any efforts to broaden public participation:**

In an effort to broaden public participation in the HOME-ARP Allocation Plan public comment and public hearing events, the City followed its Citizen Participation process. However, other efforts also included making the plan available at the following locations Monday – Friday (except legal holidays) from 8:00 a.m. to 5:00 p.m.

**City Hall**

City Clerk’s Office  
275 E. Olive Avenue  
Burbank, CA 91510

**Community Services Building**

150 N. Third Street, Burbank CA 91502

The HOME-ARP Allocation Plan was also available for citizen review on the City’s website at: <https://www.burbankca.gov/web/community-development/housing/cdbg>

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

During the HOME-ARP Roundtable meetings, the community expressed housing to be a priority for people experiencing homelessness in the City of Burbank. The comments are described in the consultation table of this report.

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

All comments and recommendations were accepted and are summarized in the consultation table.

# NEEDS ASSESSMENT AND GAP ANALYSIS

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The needs assessment and gap analysis below was intended to provide a general overview of housing and services available in Burbank by referring to local strategic planning documents and regional information. The source documents include, but are not limited to, the 2022 Point-in-Time Count (PIT) for homeless individuals and families, the 2022 Continuum of Care (CoC) Housing Inventory Count (HIC), Burbank Housing Authority's Administrative Plan, Burbank's 2021-2029 Housing Element, and Burbank's five-year (2022-2027) Homelessness Plan. This is in addition to consultation with the Los Angeles Homeless Services Authority (Los Angeles Continuum of Care), Homeless and Domestic Violence Service Providers, Veterans Groups, Homeless Service Providers, and organizations that address equity, fair housing, and the needs of persons with disabilities and other special populations.

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

### City of Burbank Homeless Population

The 2022 Homeless Point In Time Count identified 264 homeless persons in Burbank. During the 2022 Homeless Count, 77 (29%) of individuals were identified as sheltered, 66 were in transitional housing, and 11 were in an emergency shelter. The remaining 187 (71%) were designated as unsheltered; with 29% living "on the street," 60% living within a vehicle, and 12% living in a tent and/or make-shift shelter.

Burbank's homeless population is primarily individual males between the ages of 18-44 years of age according to the 2022 Homeless Count. Older adults aged 65 and above totaled 16. The number of families experiencing homelessness counted in the 2022 was 11. It's challenging to really understand how many older adults and families are impacted by homelessness because their experiences are not as visible as those represented in the 2022 Homeless Count. We believe that many older adults and families who are unhoused or at-risk of homelessness are not counted and are not connected to services or programs. Therefore, many do not know where to turn to access help.

### Los Angeles County Homeless Population

According to the 2022 Greater Los Angeles Homeless Count, there was a 4.1% increase (69,144) from the 2020<sup>1</sup> total of 66,436 individuals experiencing homelessness. Of those, 70% (48,548) were unsheltered, meaning sleeping in cars, outdoors, or other places not suitable for human habitation. There was also a 10.2% increase in chronic homelessness compared to 2020 (26,985).

The 2022 Homeless Count also revealed that there are more than 20,000 people residing in shelters on any given day within Los Angeles County, an increase of 12% over the 2020 Homeless Count. These results may be attributed to the addition of new non-congregate shelters like Project Roomkey, Bridge Housing, and Tiny Home Projects, which ramped up during the COVID-19 pandemic. The County's Project RoomKey Program created temporary housing, mostly by renting out unused hotel rooms for the more than 10,000 people served. More recently, RoomKey has been converted to HomeKey.

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<sup>1</sup> The 2021 Homeless Count was not conducted due to the pandemic.

Despite these efforts, the 2022 Homeless Count showed an increase of 17% in tents, vehicles, and makeshift shelters in Los Angeles County.

### **At-risk of Homelessness**

At-risk of homelessness, as defined by HUD (24 Code of Federal Regulations § 91.5), means households at risk of homelessness but not considered homeless yet. To be eligible, they must meet a set of criteria that include:

1. Having an annual income below 30% area median family income, as determined by HUD
2. Not having sufficient financial resources or support networks (e.g., family, friends, faith-based, or other social networks) that are immediately available to prevent them from moving to an emergency shelter or another place defined in the “homeless” definition, such as an unsheltered location
3. Meeting one of the following conditions:
  - a. They have moved because of economic reasons two or more times during the preceding 60 days;
  - b. They have lived in the home of another because of economic hardship;
  - c. They have been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days;
  - d. They live in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs;
  - e. They live in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or they live in a larger housing unit in which there are more than 1.5 people per room;
  - f. They are exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facilities, or correction program or institution); or
  - g. They live in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Consolidated Plan

The Burbank Housing Element revealed, there are 5,945 very low and extremely low-income households in Burbank paying 50% or more of their income on housing costs. There are 7,117 paying more than 30% of their income on housing expenses. The City’s Regional Housing Needs study found the City of Burbank needs to build and provide its share of 8,772 affordable housing units by 2029. Of the total, 3,971 are needed to build affordable housing for Burbank’s lower income households.

Also, almost two-thirds of female-headed households lived below the poverty level. The 2010 Census data revealed nearly one-fifth of the total female-headed households with children lived in poverty. These households need assistance with housing subsidies, as well as accessible and affordable day care. Without access to affordable housing, many of these households may be at risk of becoming homeless.

The Comprehensive Housing Affordability Strategy (CHAS) data outlines the mismatch between the need for larger rental units and the City’s supply of smaller units. There are approximately 2,500 rental units in Burbank with three or more bedrooms which are generally appropriately sized units for large households of five or more members. In contrast, there are approximately 3,600 large households in the city. The disparity in the supply and demand for large rental units is especially significant among lower-income households, with 940 lower-income large family renter households and only 590 adequately sized and

affordable units. This imbalance between supply and demand contributes to nearly one-fifth of the City's rental households residing in overcrowded conditions.

### **Other Populations at Greater Risk of Housing Instability**

**Persons with Disabilities** - A disability is defined as a long-lasting physical, mental, or emotional condition that impairs an individual's mobility, ability to work, or the ability for self-care. The special housing needs of disabled persons result from limited, often fixed incomes; shortage of accessible housing; and higher health care costs associated with the disability.

According to the American Community Survey (ACS) 2018 data, an estimated 11,216 persons (10.8%) of Burbank's population have some type of disability, and of the total disabled population, 21.1% were employed, and 55.1% were seniors. Many of the seniors were served by the City's nearly 1,225 units of affordable senior rental housing.

In addition to persons with other disabilities, 2019 California Department of Developmental Services data reveals there are over 2,500 Burbank residents with developmental disabilities, with approximately two-thirds under the age of 18. The available data reveals that over 80% of persons with developmental disabilities reside with parents, families, or guardians.

**Elderly** - Elderly renter households had the highest percentage (82%) in the lower-income category and therefore, were particularly vulnerable to rent increases and other changes in living expenses. With the majority (53%) of large family renter households also in the lower-income category, this household group often has difficulty finding affordable units that have an adequate number of bedrooms. Extremely low-income (ELI) households (<30% AMI) comprise 16% of Burbank's households that have significant housing needs. According to the CHAS Data compiled by HUD, 82% of the City's ELI households are renters, a group particularly vulnerable to rising rents, with 81% of ELI renters spending more than half their incomes on rent. Elderly renter households face a housing cost burden. Over two-thirds (67%) of elderly households were overpaying and 40% were severely overpaying for housing.

**Female-Headed Households** - Female-headed households with children tend to have lower incomes, which limits their housing options and access to supportive services. The Census ACS 2014-2018 data estimates 4,246 female-headed households in Burbank and 40.4% of these households had a related child under the age of 18. Also, almost two-thirds of female-headed households lived below the poverty level. According to the last Census (2010), data indicated that nearly one-fifth of the total female-headed households with children lived in poverty. They are also more likely to experience a heavier cost burden. Approximately 95% of renter households paying more than 30% of their income on housing had an income ranging from \$20,000-\$34,999 (Burbank Housing Element).

### **Veterans and Families that include a Veteran Family Member**

According to the 2022 Homeless Count, there were 3,942 homeless veterans counted. Of the total, 3,901 were individuals experiencing homelessness. Forty-one veteran families were also counted. A total of 3,013 were unsheltered.

## 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:

The City of Burbank has valuable partnerships to support qualifying populations. Several are recipients of local federal grants, Continuum of Care subrecipient grants, philanthropic grants, and their own fundraising and revenue. These partnerships include:

**Street Outreach:** A component of the City's efforts to reach out to homeless persons involves a year-round constant Burbank Street Outreach Program. The Program participates in the Los Angeles Continuum of Care Coordinated Entry System by matching the homeless to mental health/supportive services, permanent supportive housing, case management, and emergency assistance, as appropriate.

**Burbank Mental Health Evaluation Team:** In 2012, the Burbank Police Department (BPD) partnered with the Los Angeles County Department of Mental Health and created a co-response police/mental health clinician model (Burbank Mental Health Evaluation Team, or BMHET) to address the growing needs of those suffering from mental illness and homelessness. BMHET is comprised of BPD officers and a licensed Department of Mental Health clinician and responds to calls for service where subjects appear to have mental health disorders. Once on scene, BMHET determines if further mental health treatment is required, utilizing the various resources available through the LA County Department of Mental Health. By providing sustained mental health care for homeless in need, the City hopes to reduce the number of individuals facing chronic homelessness. The City has integrated BMHET into its Homeless Plan strategies.

**Continuum of Care:** Burbank is a part of the Los Angeles Homeless Services Authority (LAHSA), the lead agency in the Los Angeles City/County Continuum of Care . In recent years, Burbank expanded its' relationship with LAHSA to support regional efforts to end homelessness for individuals, families, and veterans. Since 2017, the City has continued to receive Continuum of Care funds to administer permanent supportive housing for chronically homeless adults.

**Shelters:** Burbank addresses the emergency needs of the homeless and other persons needing emergency shelter by actively participating in programs administered by public and quasi-public agencies. While no permanent year-round low-barrier shelter exists within Burbank, from December 1 up until March 31, various winter shelter beds in Los Angeles County/City are available to Burbank homeless via 2-1-1.

In addition, Home Again Los Angeles (HALA), formerly Family Promise of the Verdugos, a non-profit organization, serves various segments of the homeless population by providing emergency shelter and supportive services. HALA performs a highly effective, sustainable, and expandable service delivery drawing on resources of the faith community, churches, synagogues, mosques, and temples. The three main components of the program are outreach and screening; transitional housing and rapid rehousing; and extensive counseling and case management.

**Transitional and Permanent Supportive Housing Programs:** Since 1997, the City has partnered with Burbank Housing Corporation, a certified Community Housing Development Organization, to develop affordable housing by acquiring and rehabilitating deteriorated properties in the City's five Focus Neighborhoods (Elmwood, Verdugo-Lake, Peyton-Grismer, Golden State and Lake-Alameda). This partnership has created an avenue for the City to commit and expend HOME fund allocations. Since the program's inception, 316 affordable rental units have been created. These efforts include units for the City's Transitional Housing Program that supports victims of domestic violence, homeless families, and young adults/emancipated youth.

The Burbank Housing Corporation owns and operates 29 transitional and permanent supportive housing units which consist of seven units for homeless families in the Golden State Focus Neighborhood (2406 Naomi Street and 2615 Thornton Avenue); three units for young adults/emancipated youth in the Lake-Alameda Focus Neighborhood (225 Linden Avenue), five transitional units for victims of domestic violence, 11 permanent housing units for veterans (1101 W. Verdugo Ave), and three units of transitional housing for homeless families exiting emergency shelter (1932 Ontario Street).

The Family Service Agency, in partnership with the Burbank Housing Corporation, operates a comprehensive domestic violence intervention/prevention program by providing clients transitional housing. The program is targeted towards women with children, but serves all members of the family with core services from individual mental health care, parent support groups, family counseling, and therapy for youth and adult survivors, just to name a few. Family Service Agency has been serving the Burbank community as of 1991.

The Burbank Housing Authority submitted a grant renewal to the U.S. Department of Housing and Urban Development for federal Permanent Supportive Housing Vouchers and to the U.S. Department of Veteran Affairs for the renewal of 30 vouchers (20 PSH and 10 Veteran Affairs Supportive Housing). The Housing Authority was notified of the grant renewal for FY 2022-2023.

**Homeless Prevention:** For FY 2022-23, the City of Burbank will propose to contract for fair housing services that will consist of a range of services to ensure equal housing opportunities for its residents and homeless prevention, as applicable. Further, the City's Landlord-Tenant Commission serves as a resource to minimize illegal evictions and rent increases (a potential contributing factor to homelessness).

**Case Management Program:** Homeless individuals or families and those at-risk of homelessness could voluntarily participate in Case Management provided by various service providers serving the City of Burbank including Streetplus, Home Again Los Angeles, NoHo Home Alliance, and the City's Social Worker co-located in the Burbank Central Library and Joselyn Adult Center.

Since 1991, Family Service Agency of Burbank has been providing comprehensive domestic violence intervention/prevention programs serving all members of the family. Services are provided by a uniquely skilled intervention teams that include clinical staff; peer advocates; resource specialists; legal advocates; parent/financial educators; and supervisors who are committed to the care of clients 24 hours a day/7 days a week.

**United Way of Greater Los Angeles:** Since March 2012, the City has supported the United Way of Greater Los Angeles' Home For Good Initiative dedicated to ending chronic and veteran homelessness in greater Los Angeles. The United Way will assist communities with leveraging public resources, providing technical assistance, and providing solutions to end homelessness.

**Other Programs and Activities:** Homelessness is never solved by one entity; therefore, City departments continue to work together with local nonprofits, the business community, and faith-based/charitable organizations to deliver services and find solutions to homelessness. Historically, the City has demonstrated its support in delivering services to the most vulnerable individuals and families. In partnership with several experienced service organizations, the City has been able to create housing and public services with the use of federal funds from Community Development Block Grant (CDBG) and HOME Investment Partnership Programs.

## **Describe the unmet housing and service needs of the qualifying populations:**

As previously stated, according to the 2022 Point in Time Count, there are more than 69,000 homeless persons in Los Angeles County. Of that total, approximately 70% (48,548 persons) were unsheltered. The current Housing Inventory Count indicates there are 18,462 beds for the County, not nearly enough to house those experiencing homelessness.

Cities can play an important role in helping address homelessness by aligning resources and efforts with the Continuum of Care. Solving homelessness will take a multitude of fully engaged organizers. Although the City of Burbank and its partners have made significant strides in addressing the needs of the homeless, a gap remains in housing, addressing public health and safety, and the systemic cause of homelessness. Therefore, in November 2022, the City Council approved the 2022-2027 Homelessness Plan to address homelessness by implementing six strategies.

- Capacity building
- Advocacy
- Access, Outreach & Engagement
- Shelter & Housing Accessibility
- Health & Stabilization
- Homelessness Prevention

The Homeless Plan will be a proactive approach to tackling homelessness by 1) creating action-oriented solutions that address the ongoing systemic social issues of homelessness impacting our community; 2) a coordination of efforts to address homelessness with City Departments, public and private entities, businesses, and community involvement; and 3) identifying and applying for funding to address homelessness.

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

According to the 2022 Greater Los Angeles Continuum of Care Housing Inventory Count there are 18,462 emergency shelter beds and 30,781 housing beds to assist homeless persons in Greater Los Angeles County. The available beds are inadequate to meet the homelessness needs of more than 69,000 counted throughout Los Angeles County. A significant gap exists between interim and permanent housing options for homeless individuals and families. In addition, there are no adult shelters or interim units within the city limits of Burbank.

The Homeless Needs and Gap Analysis shows a disproportionate number of transitional and supportive housing units/beds available compared to emergency shelter units/beds for Burbank. In partnership with the Burbank Housing Corporation (BHC) and service operators, BHC owns 18 transitional housing units for families, survivors of domestic violence and abuse, and emancipated young adults. In addition, BHC also provides 11 deed-restricted very low-income units for homeless veterans. Other Permanent housing includes 20 tenant-based vouchers for chronically homeless individuals administered by the Housing Authority. There is no emergency shelter for adults or families in Burbank. The City of Burbank relies on the Continuum of Care to match people experiencing homelessness to available units/beds in the region.



**BURBANK - Homeless Needs Inventory and Gap Analysis Table**

Homeless													
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	0	0	0	0	0								
Transitional Housing/DV	83	18	6	3	0								
Permanent Supportive Housing/VETERANS	0	0	11	11	11								
Other Permanent Housing	0	0	37	20	0								
Sheltered Homeless						11	66	9	Data unavailable				
Unsheltered Homeless						0	187	0	Data unavailable				
<b>Current Gap</b>										33	11	253	253

**Data Sources:** 1. 2022 Point in Time Count (PIT); 2. Burbank Housing Authority and Burbank Housing Corporation; 3. Consultation

Without a shelter in Burbank, we remain reliant upon the County’s services to help our unhoused neighbors with temporary housing, mental health & chronic health services, substance use counseling/treatment, and Permanent Supportive Housing (a combination of affordable housing assistance with voluntary case management). The body charged with developing policies for most of the services mentioned above is the Coordinated Entry System Policy Council for the Greater Los Angeles County. The Los Angeles Homeless Services Authority (LAHSA) is the governing body who oversees the network of service coordination for roughly 88 cities in Los Angeles County, excluding Glendale, Pasadena, and Long Beach. The Coordinated Entry System is also the pathway to match people experiencing homelessness to Permanent Supportive Housing, congregate living facilities, Project RoomKey, and Emergency Housing Vouchers.

Providing enough affordable housing units is the most important factor in promoting housing stability. The City of Burbank lacks enough affordable housing for lower-income individuals and families. Nearly every group with special housing needs has limited financial resources for housing. Burbank’s Housing Element data reveals the City needs to construct 8,772 affordable housing units by 2029 in accordance with its Regional Housing Goals. The units needed are expected to increase within the next 10 years. Refer to Table 1-30 below.

<b>Table 1-30</b>			
<b>Regional Housing Needs Assessment (RHNA) for Burbank</b>			
Income Level	Percent of Area Median Income	Total RHNA	Percentage of Units
Very-Low Income <sup>1</sup>	<50%	2,553	29.1%
Low-Income	50-80%	1,418	16.2%
Moderate Income	80-120%	1,409	16.1%
Above Moderate Income	>120%	3,392	38.7%
	Total	8,772	100.0%

Source: SCAG 6<sup>th</sup> Cycle Final RHNA.

<sup>1</sup> Local jurisdictions must consider Extremely Low Income households as part of the Very Low Income. The Burbank Housing Element assumes 50% of the Very Low Income housing needs for Extremely Low Income households.

**Explain how the City determined the level of need and gaps in the Participating Jurisdictions shelter and housing inventory and service delivery systems based on the data presented in the plan:**

As described in the Homeless Needs Inventory and Gap Analysis Table, the data indicated the non-existence of shelter beds in Burbank. Secondly, based on the 2022 Point in Time Count, Burbank has a total of 187 unsheltered homeless that may benefit if a shelter is created. Finally, the 2022 Housing Inventory Count for Los Angeles County shows a significant shortage of beds and units to house more than 69,000 people experiencing homelessness in our region. The City’s use of HOME-ARP would help house Burbank’s unsheltered population, and also increases the available Housing Inventory Count for the region.

# HOME-ARP ACTIVITIES

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**Describe the method for soliciting applications for funding and/or selecting developers, service providers, sub-recipients, and/or contractors and whether the City will administer eligible activities directly:**

The City of Burbank will solicit applications in three areas for the development of a non-congregate shelter. Those areas include: pre-planning/environmental review/design/feasibility studies, service operator, and construction of the site. All solicitation will be managed using a Request for Funding Proposal for competitive bidding. The City will comply with all federal regulations for use of funds, which include Davis-Bacon, Section 3, Affirmative Employment, Fair Housing, etc. These actions are contingent on and will occur subsequent to the City Council approving a non-congregate shelter.

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

Not applicable.

### Use of HOME-ARP Funding

City 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 organizations, operating assistance, nonprofit capacity building, and administrative costs are within HOME-ARP limits.

**HOME-ARP Budget**

Activity Type	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services			
Acquisition and Development of Non-Congregate Shelters	\$1,801,801		
Expansion of Affordable Rental Housing (PSH)			
Nonprofit Operating		5%	5%
Nonprofit Capacity Building			5%
Administration and Planning	94,831	15%	15%
<b>Total HOME ARP Allocation</b>	<b>1,896,632</b>		

**Describe how the City will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:**

The City of Burbank recommends the use of HOME-ARP funds for adaptive re-use of a City-owned property or develop a parcel of land (a feasibility study of the sites is underway) for a non-congregate shelter. HOME-ARP may be used for pre-development costs as well as construction, contingent on City Council’s approval. City Council will consider the final selection of a site from two currently City-owned identified sites for use as a non-congregate shelter at a future date. The target population will be identified as part of future project consideration by City Council.

**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:**

According to the shelter and housing needs assessment completed, the City identified a gap in shelter beds for Burbank. Further, the City estimates one-time capital improvements to develop a non-congregate shelter at \$3 million. City staff recommends that \$1,801,801 of the HOME-ARP allocation support the non-congregate shelter development and continue to use \$94,831 for administration and planning. Other funding resources such as Community Development Block Grant and future local homeless funds can contribute to make up the \$1.2 million gap.

City staff is currently in the pre-planning process to build a Homeless Services Center with a non-congregate shelter. Two sites were identified but are still being reviewed for feasibility, design, and operating costs per City Council recommendations. Upon completing the pre-planning for the Homeless Services Center, City staff will present the project to City Council for consideration.

## HOME-ARP Production Housing Goals

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

Not applicable.

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

Not applicable.

# PREFERENCES

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**Identify whether the City 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:**

The City of Burbank recommends the use of HOME-ARP funds to provide non-congregate shelter. Due to the nature of the project, it will provide assistance to homeless persons as defined in 24 Code of Federal Regulations 91.5. At this time, the City elects not to give preference to any homeless subpopulations.

**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 City’s needs assessment and gap analysis:**

Not applicable.

**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:**

Not applicable.

## HOME-ARP Refinancing Guidelines

**If the City 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:**

Not applicable.

# APPENDICES

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APPENDIX A- HUD FORMS

APPENDIX B- PUBLIC NOTICE

APPENDIX C- OTHER

APPENDIX A: HUD FORMS

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> 09/20/2021	<b>4. Applicant Identifier:</b> M-21-MP-06-0504
<b>5a. Federal Entity Identifier:</b> M-21-MP-06-0504	<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> City of Burbank, CA	
<b>* b. Employer/Taxpayer Identification Number (EINTIN):</b> 95-6000683	<b>* c. UEI:</b> R2ABP7NMRUG7
<b>d. Address:</b>	
<b>* Street1:</b> 275 E. Olive Avnue	_____
<b>Street2:</b>	_____
<b>* City:</b> Burbank	_____
<b>County/Parish:</b>	_____
<b>* State:</b> CA: California	_____
<b>Province:</b>	_____
<b>* Country:</b> USA: UNITED STATES	_____
<b>* Zip / Postal Code:</b> 91502-1264	_____
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Community Development Dept.	<b>Division Name:</b> Housing and Economic Dev.
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mr.	<b>* First Name:</b> Patrick
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Prescott	_____
<b>Suffix:</b>	_____
<b>Title:</b> Community Development Director	
<b>Organizational Affiliation:</b> City of Burbank	
<b>* Telephone Number:</b> 818-238-5180	<b>Fax Number:</b> 818-238-5174
<b>* Email:</b> pprescott@burbankca.gov	



**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.239

CFDA Title:

HOME Investment Partnership Act Program

**\* 12. Funding Opportunity Number:**

none applicable

\* Title:

**13. Competition Identification Number:**

None applicable

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

HOME ARP funds help individuals and families who are homeless, at-risk of homelessness and other vulnerable populations with housing, rental assistance, supportive services, and non-congregate shelter

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,896,632.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,896,632.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:



**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

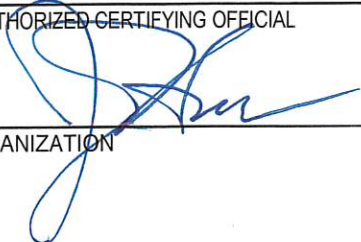
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles 11 and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-1 33, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE City Manager
APPLICANT ORGANIZATION City of Burbank	DATE SUBMITTED 3/29/23

## ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009  
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

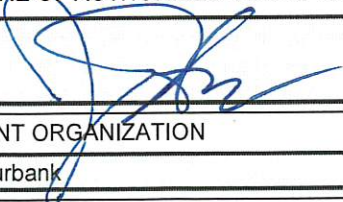
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE City Manager
APPLICANT ORGANIZATION City of Burbank	DATE SUBMITTED 3/29/23

## HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

**Affirmatively Further Fair Housing** --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

**Uniform Relocation Act and Anti-displacement and Relocation Plan** --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

**Anti-Lobbying** --To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.



**Authority of Jurisdiction** --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

**Section 3** --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

**HOME-ARP Certification** --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.

  
\_\_\_\_\_  
Signature of Authorized Official

3/29/23  
\_\_\_\_\_  
Date

City Manager  
\_\_\_\_\_  
Title

APPENDIX B: PUBLIC NOTICE

**Los Angeles Times**  
M E D I A G R O U P

**PROOF OF PUBLICATION  
(2015.5 C.C.P.)**

**STATE OF CALIFORNIA  
County of Los Angeles**

I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a party to or interested in the action for which the attached notice was published. I am a principal clerk of the Los Angeles Times, which was adjudged a newspaper of general circulation on May 21, 1952, Cases 598599 for the City of Los Angeles, County of Los Angeles, and State of California. Attached to this Affidavit is a true and complete copy as was printed and published on the following date(s):  
February 18, 2023

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated at El Segundo, California on this  
22<sup>nd</sup> day of February, 2023



\_\_\_\_\_  
*Katherine G. Gundell*  
[signature]

2300 E. Imperial Hwy.  
El Segundo, CA 90245

**Sold To:**

City Clerk - City of Burbank - CA11064602  
275 E Olive Ave  
BURBANK, CA 91502-1267

**Bill To:**

City Clerk - City of Burbank - CA11064602  
275 E Olive Ave  
BURBANK, CA 91502-1267

**LEGAL NOTICE**

**CITY OF BURBANK, CALIFORNIA  
PUBLIC NOTICE**

**NOTICE OF PUBLIC HEARING AND  
SOLICITATION OF PUBLIC COMMENTS ON THE  
FISCAL YEAR 2021/22 ANNUAL ACTION PLAN  
SUBSTANTIAL AMENDMENT TO INTEGRATE  
HOME-ARP ALLOCATION PLAN**

**NOTICE IS HEREBY GIVEN** As directed by the U.S. Department of Housing and Urban Development, the City of Burbank will process a Substantial Amendment to integrate a special allocation of HOME American Rescue Plan (HOME-ARP) funding provided to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Burbank.

The City of Burbank is slated to receive \$1,896,632 in HOME-ARP funding and is proposing to utilize such funds on the following projects:

- Non-Congregate Shelter/Service Center. The location is to be determined.
- HOME-ARP Planning and Administration

In accordance with 24 Code of Federal Regulations 91.105 – Citizen Participation, the City of Burbank is soliciting public comments for a minimum 15 calendar days starting Saturday, February 18, 2023, through Monday, March 5, 2023. Written comments can be submitted via (1) electronic mail at AGhazarian@burbankca.gov or (2) by U.S. mail at the following address:

Adana Ghazarian, Housing Analyst  
Community Development Department  
150 N Third Street  
Burbank, CA 91502

The HOME-ARP Allocation Plan is available at:

**City of Burbank website**

<https://www.burbankca.gov/web/community-development/housing/cdbg>

Complete copies of the HOME-ARP Allocation Plan are available for public review and comment at the following locations:

Community Development Department  
150 N. Third Street, 2<sup>nd</sup> floor  
Burbank, CA 91502

City Hall, City Clerk's Office  
275 E. Olive Avenue  
Burbank, CA 91510

The Burbank City Council will hold a public hearing to approve the HOME-ARP Allocation Plan and Substantial Amendment to the FY 2021/22 Annual Action Plan on March 28, 2023, starting at 6:00 p.m. The public hearing will be held at City Hall, City Council Chambers, located at 275 E. Olive Avenue, Burbank, CA 91502.

Published in the Los Angeles Times on:  
February 18, 2023

7916825 - Los Angeles Times

Page 2 of 2

You are invited to a  
**ROUNDTABLE DISCUSSION  
ON HOMELESSNESS**

**AVAILABLE DATES:**

**Tuesday, January 31 @ 10:30 a.m.**

[https://burbankca.zoom.us/meeting/register/tZcvd-GrqDkoHtGHlFT\\_NqKdGyVJYbH9EO3y](https://burbankca.zoom.us/meeting/register/tZcvd-GrqDkoHtGHlFT_NqKdGyVJYbH9EO3y)

**Thursday, February 2 @ 6:00 p.m.**

<https://burbankca.zoom.us/meeting/register/tZOofumrpzguGtVvRQv3ZcB-FPiiF22c6hRE>

These online meetings will include a presentation on the City's five-year Homeless Plan, followed by a roundtable discussion on addressing the immediate needs of people experiencing homelessness.

The meeting will be done via Zoom and recorded in case anyone is unable to join. Please select the meeting you wish to attend.

Regards,

Marcos Gonzalez  
City of Burbank  
[mgonzalez@burbankca.gov](mailto:mgonzalez@burbankca.gov)



# #1

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 2:28:39 PM  
**Last Modified:** Friday, January 13, 2023 2:34:32 PM  
**Time Spent:** 00:05:53  
**IP Address:** 108.203.10.252

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Bruce Oldham, Chair

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## Q2

Please provide the name of your agency.

Burbank Senior Citizens Board

---

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter 3
  - Construction of affordable housing 2
  - Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) 1
  - Provide financial assistance to individuals to help them afford rental units 4
-

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	5
Elderly	1
Ex-offenders	10
Veterans and their families	2
Victims of domestic violence	11
Homeless that are disabled	3
Chronically homeless	4
Single parent with children	6
People with a Substance Use Disorder	7
Adult Only Households	9
Unaccompanied Women	8

**Q5**

**None of the above**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Q6**

Other (please specify):  
Volunteer Board Member

What is your Agency type?

**Q7**

**Respondent skipped this question**

What services does your agency provide? (Check all that apply)

**Q8**

Other (please specify):  
senior issues in Burbank

What population(s) does your agency serve? Check all that apply.

**Q9**

**Respondent skipped this question**

What Service Planning Areas (SPA) do you work in?  
Check all that apply

**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments and thoughts on homelessness.

# #2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 3:01:46 PM  
**Last Modified:** Friday, January 13, 2023 3:08:40 PM  
**Time Spent:** 00:06:54  
**IP Address:** 99.6.13.241

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Edward Parker, Executive Director

## Q2

Please provide the name of your agency.

Bridging Community Resources

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter 3
- Construction of affordable housing 2
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) 1
- Provide financial assistance to individuals to help them afford rental units 4

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	<b>2</b>
Elderly	<b>1</b>
Ex-offenders	<b>4</b>
Veterans and their families	<b>5</b>
Victims of domestic violence	<b>7</b>
Homeless that are disabled	<b>3</b>
Chronically homeless	<b>8</b>
Single parent with children	<b>6</b>
People with a Substance Use Disorder	<b>10</b>
Adult Only Households	<b>11</b>
Unaccompanied Women	<b>9</b>

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

Other (please specify):  
Developmental Disabilities

**Q6**

What is your Agency type?

**Supportive Service Provider**

**Q7**

What services does your agency provide? (Check all that apply)

Other (please specify):  
Community Integration Program for Individuals with developmental disabilities

**Q8**

What population(s) does your agency serve? Check all that apply.

**Individuals (Men and Women),**  
Other (please specify):  
Afterschool children

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**Respondent skipped this question**

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

**Respondent skipped this question**



# #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 3:03:16 PM  
**Last Modified:** Friday, January 13, 2023 3:28:11 PM  
**Time Spent:** 00:24:54  
**IP Address:** 107.77.230.220

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Albert Hernandez, CEO

## Q2

Please provide the name of your agency.

Home Again LA

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter **4**
- Construction of affordable housing **3**
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) **2**
- Provide financial assistance to individuals to help them afford rental units **1**

## Q4

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

- Elderly **2**
- Veterans and their families **5**
- Victims of domestic violence **4**
- Chronically homeless **3**
- Single parent with children **1**

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Continuum of Care Meetings,  
SPA 2 Regional Meetings,  
CES or HMIS,  
Homeless Prevention (LAHSA approved only)**

**Q6**

What is your Agency type?

**TBRA Operator,  
Supportive Service Provider,  
Emergency Shelter,  
Non-Congregate Shelter**

**Q7**

What services does your agency provide? (Check all that apply)

**Emergency Shelter,  
Outreach & Assessment,  
Transitional Housing,  
Financial assistance (security deposits, rental assistance, utility assistance, etc.)  
,  
Workforce Development**

**Q8**

What population(s) does your agency serve? Check all that apply.

**Individuals (Men and Women),  
Families with Children,  
Domestic Violence, Human Trafficking, Stalking and Intimate Partner Violence**

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**SPA 2**

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

**Respondent skipped this question**

# #4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 3:10:17 PM  
**Last Modified:** Friday, January 13, 2023 3:42:58 PM  
**Time Spent:** 00:32:41  
**IP Address:** 64.60.37.50

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Jenna Hauss, President & CEO

## Q2

Please provide the name of your agency.

ONEgeneration

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter **4**
- Construction of affordable housing **3**
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) **2**
- Provide financial assistance to individuals to help them afford rental units **1**

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	4
Elderly	2
Ex-offenders	11
Veterans and their families	7
Victims of domestic violence	3
Homeless that are disabled	5
Chronically homeless	9
Single parent with children	1
People with a Substance Use Disorder	8
Adult Only Households	10
Unaccompanied Women	6

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**SPA 2 Regional Meetings,  
CES or HMIS**

**Q6**

What is your Agency type?

**Supportive Service Provider**

**Q7**

What services does your agency provide? (Check all that apply)

**Outreach & Assessment,  
Transitional Housing,  
Financial assistance (security deposits, rental assistance, utility assistance, etc.)**

**Q8**

What population(s) does your agency serve? Check all that apply.

**Individuals (Men and Women),  
Other (please specify):  
Older Adults**

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**SPA 2**

**Q10**

Respondent skipped this question

Please use the box below to provide additional comments and thoughts on homelessness.

---

#5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 4:06:56 PM  
**Last Modified:** Friday, January 13, 2023 4:14:50 PM  
**Time Spent:** 00:07:53  
**IP Address:** 47.232.187.1

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Ara Boaydjain

**Q2**

Please provide the name of your agency.

Member Senior Board

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	4
Construction of affordable housing	2
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	1
Provide financial assistance to individuals to help them afford rental units	3

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	4
Elderly	1
Ex-offenders	10
Veterans and their families	3
Victims of domestic violence	5
Homeless that are disabled	2
Chronically homeless	7
Single parent with children	6
People with a Substance Use Disorder	9
Adult Only Households	8

**Q5**

**None of the above**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Q6**

Other (please specify):  
Member senior board

What is your Agency type?

**Q7**

**Respondent skipped this question**

What services does your agency provide? (Check all that apply)

**Q8**

**Respondent skipped this question**

What population(s) does your agency serve? Check all that apply.

**Q9**

**Respondent skipped this question**

What Service Planning Areas (SPA) do you work in?  
Check all that apply

**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments and thoughts on homelessness.

#6

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, January 13, 2023 8:11:06 PM  
**Last Modified:** Friday, January 13, 2023 8:18:07 PM  
**Time Spent:** 00:07:01  
**IP Address:** 97.93.124.42

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Michael Johnson

**Q2**

Please provide the name of your agency.

Senior Citizens Board

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	<b>1</b>
Construction of affordable housing	<b>3</b>
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	<b>2</b>
Provide financial assistance to individuals to help them afford rental units	<b>4</b>

---



**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	1
Elderly	2
Ex-offenders	9
Veterans and their families	5
Victims of domestic violence	3
Homeless that are disabled	4
Chronically homeless	6
Single parent with children	8
People with a Substance Use Disorder	7
Adult Only Households	10
Unaccompanied Women	11

**Q5**

**None of the above**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Q6**

**Supportive Service Provider**

What is your Agency type?

**Q7**

**Outreach & Assessment**

What services does your agency provide? (Check all that apply)

**Q8**

Other (please specify):

What population(s) does your agency serve? Check all that apply.

Seniors

**Q9**

**SPA 5**

What Service Planning Areas (SPA) do you work in? Check all that apply

**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments and thoughts on homelessness.

# #7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, January 15, 2023 1:11:28 PM  
**Last Modified:** Sunday, January 15, 2023 1:19:50 PM  
**Time Spent:** 00:08:22  
**IP Address:** 71.84.220.156

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Richard Rupp, Member

## Q2

Please provide the name of your agency.

Senior Citizen Board

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter **3**
- Construction of affordable housing **2**
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) **1**
- Provide financial assistance to individuals to help them afford rental units **4**

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	1
Elderly	3
Ex-offenders	11
Veterans and their families	2
Victims of domestic violence	5
Homeless that are disabled	4
Chronically homeless	8
Single parent with children	6
People with a Substance Use Disorder	10
Adult Only Households	9
Unaccompanied Women	7

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

Other (please specify):  
?

**Q6**

What is your Agency type?

Other (please specify):  
Advisory

**Q7**

What services does your agency provide? (Check all that apply)

**Outreach & Assessment**

**Q8**

What population(s) does your agency serve? Check all that apply.

Other (please specify):  
Senior Citizens

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**Respondent skipped this question**

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

**Respondent skipped this question**

# #8

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, January 17, 2023 8:50:55 AM  
**Last Modified:** Tuesday, January 17, 2023 8:55:41 AM  
**Time Spent:** 00:04:46  
**IP Address:** 69.110.61.31

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Stefan Gonzalez, SFVCOG Homeless Coordinator

## Q2

Please provide the name of your agency.

LeSar Development Consultants/SFVCOG

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter 2
- Construction of affordable housing 1
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) 4
- Provide financial assistance to individuals to help them afford rental units 3

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	2
Elderly	4
Ex-offenders	7
Veterans and their families	11
Victims of domestic violence	8
Homeless that are disabled	6
Chronically homeless	5
Single parent with children	1
People with a Substance Use Disorder	3
Adult Only Households	10
Unaccompanied Women	9

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

Other (please specify):  
SFVCOG Meetings

**Q6**

What is your Agency type?

Other (please specify):  
SFVCOG

**Q7**

What services does your agency provide? (Check all that apply)

Other (please specify):  
Homelessness coordination

**Q8**

What population(s) does your agency serve? Check all that apply.

**Respondent skipped this question**

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**SPA 2**

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

**Respondent skipped this question**

# #9

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, January 17, 2023 9:57:48 AM  
**Last Modified:** Tuesday, January 17, 2023 10:03:01 AM  
**Time Spent:** 00:05:13  
**IP Address:** 128.92.229.34

Page 1: City of Burbank Homeless Needs Survey-Service Providers

## Q1

Please provide your name and title.

Marcell Mitchell, Director of Programs

## Q2

Please provide the name of your agency.

Ascencia

## Q3

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

- Construction of a non-congregate homeless shelter **2**
- Construction of affordable housing **1**
- Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.) **3**
- Provide financial assistance to individuals to help them afford rental units **4**

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	7
Elderly	2
Ex-offenders	11
Veterans and their families	8
Victims of domestic violence	10
Homeless that are disabled	6
Chronically homeless	5
Single parent with children	3
People with a Substance Use Disorder	9
Adult Only Households	1
Unaccompanied Women	4

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Continuum of Care Meetings,  
SPA 2 Regional Meetings,  
CES or HMIS**

**Q6**

What is your Agency type?

**Supportive Service Provider**

**Q7**

What services does your agency provide? (Check all that apply)

**Permanent Supportive Housing,  
Emergency Shelter,  
Outreach & Assessment,  
Financial assistance (security deposits, rental assistance, utility assistance, etc.)**

**Q8**

What population(s) does your agency serve? Check all that apply.

**Individuals (Men and Women),  
Families with Children,  
Veterans**

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**SPA 2**

**Q10**

Respondent skipped this question

Please use the box below to provide additional comments and thoughts on homelessness.

---



## #10

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, January 17, 2023 11:45:31 AM  
**Last Modified:** Tuesday, January 17, 2023 11:48:14 AM  
**Time Spent:** 00:02:43  
**IP Address:** 97.90.144.206

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Jonathan Sanabria, DCPO

**Q2**

Please provide the name of your agency.

LA Family Housing

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	<b>4</b>
Construction of affordable housing	<b>1</b>
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	<b>2</b>
Provide financial assistance to individuals to help them afford rental units	<b>3</b>

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	<b>4</b>
Elderly	<b>2</b>
Ex-offenders	<b>8</b>
Veterans and their families	<b>11</b>
Victims of domestic violence	<b>7</b>
Homeless that are disabled	<b>3</b>
Chronically homeless	<b>1</b>
Single parent with children	<b>6</b>
People with a Substance Use Disorder	<b>5</b>
Adult Only Households	<b>10</b>
Unaccompanied Women	<b>9</b>

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

- Continuum of Care Meetings,**
- SPA 2 Regional Meetings,**
- CES or HMIS,**
- Homeless Prevention (LAHSA approved only)**

**Q6**

What is your Agency type?

- TBRA Operator,**
- Supportive Service Provider,**
- Emergency Shelter**

**Q7**

What services does your agency provide? (Check all that apply)

- Permanent Supportive Housing,**
- Emergency Shelter,**
- Outreach & Assessment,**
- Transitional Housing,**
- Financial assistance (security deposits, rental assistance, utility assistance, etc.)**
- ,**
- Workforce Development**

**Q8**

What population(s) does your agency serve? Check all that apply.

- Individuals (Men and Women),**
- Families with Children,**
- Veterans**

**Q9**

**SPA 2**

What Service Planning Areas (SPA) do you work in?  
Check all that apply

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**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments  
and thoughts on homelessness.

---

#11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, January 17, 2023 1:10:04 PM  
**Last Modified:** Tuesday, January 17, 2023 1:14:15 PM  
**Time Spent:** 00:04:10  
**IP Address:** 99.42.84.105

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Olga Flores, Director of Housing Services

**Q2**

Please provide the name of your agency.

The Village Family Services

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	<b>2</b>
Construction of affordable housing	<b>1</b>
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	<b>4</b>
Provide financial assistance to individuals to help them afford rental units	<b>3</b>

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	3
Elderly	5
Ex-offenders	11
Veterans and their families	6
Victims of domestic violence	4
Homeless that are disabled	1
Chronically homeless	7
Single parent with children	2
People with a Substance Use Disorder	9
Adult Only Households	10
Unaccompanied Women	8

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Continuum of Care Meetings,**  
**SPA 2 Regional Meetings,**  
**CES or HMIS,**  
**Homeless Prevention (LAHSA approved only)**

**Q6**

What is your Agency type?

**Supportive Service Provider,**  
**Emergency Shelter,**  
 Other (please specify):  
 TLS, Prevention, HN, PS, YHDP

**Q7**

What services does your agency provide? (Check all that apply)

**Emergency Shelter,**  
**Outreach & Assessment,**  
**Transitional Housing,**  
**Financial assistance (security deposits, rental assistance, utility assistance, etc.)**  
 ,  
**Workforce Development**

**Q8**

What population(s) does your agency serve? Check all that apply.

**Transitional Age Youth**

**Q9**

**SPA 2**

What Service Planning Areas (SPA) do you work in?  
Check all that apply

---

**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments  
and thoughts on homelessness.

---

#12

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, January 18, 2023 4:14:33 PM  
**Last Modified:** Wednesday, January 18, 2023 4:18:13 PM  
**Time Spent:** 00:03:40  
**IP Address:** 99.100.0.147

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Rev. Paul W. Clairville

**Q2**

Please provide the name of your agency.

Westminster Presbyterian Church

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	<b>3</b>
Construction of affordable housing	<b>1</b>
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	<b>2</b>
Provide financial assistance to individuals to help them afford rental units	<b>4</b>

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	<b>4</b>
Elderly	<b>8</b>
Ex-offenders	<b>5</b>
Victims of domestic violence	<b>1</b>
Homeless that are disabled	<b>2</b>
Chronically homeless	<b>9</b>
Single parent with children	<b>10</b>
People with a Substance Use Disorder	<b>3</b>
Adult Only Households	<b>7</b>
Unaccompanied Women	<b>6</b>

**Q5**

**None of the above**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Q6**

Other (please specify):  
Religious

What is your Agency type?

**Q7**

**Emergency Shelter,  
Financial assistance (security deposits, rental assistance, utility assistance, etc.)**

What services does your agency provide? (Check all that apply)

**Q8**

**Individuals (Men and Women),  
Families with Children,  
Transitional Age Youth**

What population(s) does your agency serve? Check all that apply.

**Q9**

**Respondent skipped this question**

What Service Planning Areas (SPA) do you work in? Check all that apply

**Q10**

**Respondent skipped this question**

Please use the box below to provide additional comments and thoughts on homelessness.



## #13

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, February 22, 2023 2:21:00 PM  
**Last Modified:** Thursday, February 23, 2023 5:15:31 PM  
**Time Spent:** Over a day  
**IP Address:** 76.170.35.175

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Katherine Jara, Outreach Coordinator

**Q2**

Please provide the name of your agency.

Housing Rights Center

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	<b>3</b>
Construction of affordable housing	<b>1</b>
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	<b>4</b>
Provide financial assistance to individuals to help them afford rental units	<b>2</b>

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	5
Elderly	6
Ex-offenders	11
Veterans and their families	9
Victims of domestic violence	1
Homeless that are disabled	3
Chronically homeless	4
Single parent with children	7
People with a Substance Use Disorder	8
Adult Only Households	10
Unaccompanied Women	2

**Q5**

Respondent skipped this question

Does your organization participate in the Service Planning Area coordination? (check all that apply)

**Q6**

Fair Housing,  
Civil Rights

What is your Agency type?

**Q7**

Outreach & Assessment,  
Financial assistance (security deposits, rental assistance, utility assistance, etc.)  
,  
Legal Services,  
Other (please specify):  
Counseling, Workshops/Education & Training

What services does your agency provide? (Check all that apply)

**Q8**

Other (please specify):  
All

What population(s) does your agency serve? Check all that apply.

**Q9**

What Service Planning Areas (SPA) do you work in?  
Check all that apply

**SPA 1,**

**SPA 2,**

**SPA 3,**

**SPA 4,**

**SPA 5,**

**SPA 6,**

**SPA 7,**

**SPA 8**

---

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

All populations are important. Ideally, there would be more affordable housing for low, very low and extremely low households of all sizes regardless of age.

---

#14

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, March 27, 2023 8:19:33 PM  
**Last Modified:** Monday, March 27, 2023 8:59:11 PM  
**Time Spent:** 00:39:38  
**IP Address:** 174.243.179.161

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Page 1: City of Burbank Homeless Needs Survey-Service Providers

**Q1**

Please provide your name and title.

Laurie Bleick, ED

**Q2**

Please provide the name of your agency.

FSA

**Q3**

Below are eligible activities to be funded under ARP. Please rank the activity most needed to assist individuals or families who are homeless or at risk of homelessness within the City from 1 to 4, with 1 being the most important.

Construction of a non-congregate homeless shelter	4
Construction of affordable housing	3
Provide additional support services (ie. mental health services, employment assistance, substance abuse services etc.)	1
Provide financial assistance to individuals to help them afford rental units	2

---

**Q4**

Which homeless subpopulation should the City prioritize? (Please rank in order of importance)

People with a diagnosable mental illness	<b>3</b>
Elderly	<b>6</b>
Ex-offenders	<b>11</b>
Veterans and their families	<b>4</b>
Victims of domestic violence	<b>1</b>
Homeless that are disabled	<b>2</b>
Chronically homeless	<b>9</b>
Single parent with children	<b>5</b>
People with a Substance Use Disorder	<b>8</b>
Adult Only Households	<b>10</b>
Unaccompanied Women	<b>7</b>

**Q5**

Does your organization participate in the Service Planning Area coordination? (check all that apply)

Other (please specify):  
Irregular participation

**Q6**

What is your Agency type?

**Supportive Service Provider,**  
Other (please specify):  
long-term transitional shelter - up to 3 year stay

**Q7**

What services does your agency provide? (Check all that apply)

**Outreach & Assessment,**  
**Transitional Housing,**  
**Financial assistance (security deposits, rental assistance, utility assistance, etc.)**  
,  
**Workforce Development,**  
**Legal Services,**  
Other (please specify):  
Mental Healthcare, Peer Support, Psycho-educational Prevention Programs, Court Accompaniment, Social Service Advocacy, Food, Clothing, etc.

**Q8**

What population(s) does your agency serve? Check all that apply.

**Individuals (Men and Women),**

**Families with Children,**

**Domestic Violence, Human Trafficking, Stalking and Intimate Partner Violence**

,

**Veterans,**

**Transitional Age Youth,**

Other (please specify):

Youth, Teens, Adults, Families, and Court Mandated Perpetrators of Intimate violence and Child Abuse.

**Q9**

What Service Planning Areas (SPA) do you work in? Check all that apply

**SPA 2**

**Q10**

Please use the box below to provide additional comments and thoughts on homelessness.

Homelessness is a complex and pressing issue that affects millions of people around the world. It is a condition that is often misunderstood and stigmatized, and is often seen as a personal failing rather than a systemic problem. FSA believes in Burbank when addressing complex social issues. It has long been our experience that when Burbank "wills" an outcome they find the "way." FSA is grateful for the privilege we've been granted in Burbank to be of service to our community's homeless survivors of intimate abuse and young adults. Looking ahead, we are fiercely committed to the unhoused in our community and hope to have the opportunity to continue to contribute to permanent/sustainable solutions as the city builds upon the continuum of homeless care.

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Matthew Patton

Age: 45

Length of current episode of homelessness: 15

How many times have you been homeless? 3

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? SBI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: James Schumaker

Age: 40

Length of current episode of homelessness: 8

How many times have you been homeless? 2

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GE

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Howard Martin

Age: \_\_\_\_\_

Length of current episode of homelessness: 3

How many times have you been homeless? 2

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability N/A  Development Disability  Chronic Substance Abuse

What do you do for income/money? SSI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Oryan Whitehead Age: 40

Length of current episode of homelessness: 9 year How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?  
 Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GA

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan

### Homeless Questionnaire

Name: Tyone Age: 33

Length of current episode of homelessness: 3 years How many times have you been homeless? 2

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?  
 Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? \_\_\_\_\_

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: DeAndre Caraway Age: 58

Length of current episode of homelessness: 15 How many times have you been homeless? 4

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?  
 Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GR

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Jared Williams

Age: 42

Length of current episode of homelessness: 4

How many times have you been homeless? 1

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? Cal

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search & Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Jeffrey Quintero Age: 45

Length of current episode of homelessness: 3 How many times have you been homeless? 1

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?  
 Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability N/A  Development Disability  Chronic Substance Abuse

What do you do for income/money? GR

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Edward Tompkins

Age: 42

Length of current episode of homelessness: 1 1/2 year How many times have you been homeless? 1

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability N/A  Development Disability  Chronic Substance Abuse

What do you do for income/money? wages

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Johnny Zolnierczyk Age: 28

Length of current episode of homelessness: 8 How many times have you been homeless? 2

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability N/A  Development Disability  Chronic Substance Abuse

What do you do for income/money? SSI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# City of Burbank

## HOME American Rescue Plan

### Homeless Questionnaire

Name: Jeffery Tannek

Age: 62

Length of current episode of homelessness: 10 Yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? panhandle

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan

### Homeless Questionnaire

Name: Darrance Neal

Age: 48

Length of current episode of homelessness: 10 Yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GR

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Donnie Legree

Age: 62

Length of current episode of homelessness: 15 yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? SSI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Frank Donatelli

Age: 47

Length of current episode of homelessness: 10yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? SSI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Dean Eason

Age: 40

Length of current episode of homelessness: 8yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GIC

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Jerry

Age: 36

Length of current episode of homelessness: 10yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? CIT

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Jamiee

Age: 57

Length of current episode of homelessness: 8 yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? Panhandle

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Lena Guzman

Age: 62

Length of current episode of homelessness: 15 yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? SSI

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# City of Burbank

## HOME American Rescue Plan

### Homeless Questionnaire

Name: Shawn

Age: 51

Length of current episode of homelessness: 10

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? GIL

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# City of Burbank

## HOME American Rescue Plan Homeless Questionnaire

Name: Jimmy

Age: 48

Length of current episode of homelessness: 2yrs

How many times have you been homeless? \_\_\_\_\_

Household Type:  Single Adult  Couple without Children  Single Parent w/ children  Two Parents w/ Children  Unaccompanied Youth (17 or Younger)

Where will you be sleeping tonight?

Street  Vehicle  Shelter  In a Park  Motel/Hotel  Family/Friend  Other \_\_\_\_\_

Veteran (18+ Yrs. Old and US Armed Service or Activated National Guard Reservist)?  Yes  No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?  Yes  No

Do you have any of the following conditions?  Mental/Emotional Disorder  Physical Disability  Development Disability  Chronic Substance Abuse

What do you do for income/money? \_\_\_\_\_

How would describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search & Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First & Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Gonzalez, Marcos

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**From:** Albert Hernandez <albert@homeagainla.org>  
**Sent:** Tuesday, March 28, 2023 9:42 AM  
**To:** City Council DL  
**Subject:** Public Comment | Burbank Council Meeting 3/28/2023

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

**Re: Agenda Item O - 3 (Adoption of a Resolution Approving an Allocation Plan for HOME ARP Funds)**

Good morning, Burbank Council Members,

My name is Albert Hernandez and I serve as the Chief Executive Officer at Home Again Los Angeles, a Burbank based homeless service agency. I am writing to provide my input on an agenda item in which Burbank staff are looking to the City Council for approval on an allocation plan to receive \$1.8 million in HOME Investment Partnership - ARP Funds to address homelessness.

I'd like to say I appreciate the Community Development Department giving the public and other stakeholders two opportunities to partake in their focus groups on the needs of the community as it pertains to addressing homelessness. Home Again L.A. and other agencies like to be at the table when it comes to discussing funding that is coming from the County, State or Federal level to aid homeless programs. I know at HALA we have an array of programs to help combat homelessness and we have more ideas should there be financial resources that come forth thus transparency is crucial and City staff did a great job of including us.

The idea of allocating 95% of total entitled funds for the development of a non-congregate shelter is a great idea from my perspective and I fully support this. The City of Burbank in partnership with local agencies offers a plethora of services, with Burbank Housing Corp, Burbank can say they offer affordable housing... With Street Plus, Burbank can say they offer Street Outreach for the unhoused.... and with Home Again Los Angeles, Burbank can say they offer Rapid Rehousing the unhoused and Homeless Prevention for those at risk of homelessness. As a community we provide various options for those who are needed; this is a big step forward from where we were 10+ years ago. In reviewing the eligible activities for HOME funds many of those items are already in place and being funded by other sources. The next step for the City on its journey to providing a holistic approach to homelessness is the development of a non-congregate shelter.

I will however speak candidly that we need to educate the community, its residents on the definition of a non-congregate shelter. I know City Staff have not reached that part of the process, they are simply seeking your approval for allocation, but when the time comes we need to educate the community on what this sort of shelter is. Who will operate it? Where will the financial resources come to operate this shelter? Will the shelter be for individuals or families or both? You may already have some residents who have read this staff report who are left wondering what are the two sites that City staff are referring to. I dont think I could find that information... so some may be wondering why it is being left out?

When I think of non-congregate shelter I think of a safe and structured facility with resources to get the unhoused back into permanent housing... but that's not everyone's image. They think of a shelter with cots in a large empty area, similar to what is seen in Downtown Los Angeles. Perhaps a shelter with an encampment of people sleeping on the street waiting for a room to be available.

When the time comes I would ask that the City consider leaning on local key homeless service providers, city leaders, and other partners who can assist with messaging, sharing ideas on what resources are needed in the space, resident eligibility, etc.

Again, I know that's down the road but for now, I support this allocation plan and believe it will be a great step forward for the City in tackling its homeless plan.

Thank you for your time,  
Albert

--  
**Albert Hernandez**  
Chief Executive Officer  
Office: (818) 562-7779  
Mobile: (747) 200-7350  
Website: [www.HomeAgainLA.org](http://www.HomeAgainLA.org)  
*Ending Homelessness, One Family at a Time*  
Facebook: [@HomeAgainLA](https://www.facebook.com/HomeAgainLA) | Instagram: [@HomeAgainLosAngeles](https://www.instagram.com/HomeAgainLosAngeles)

