June 30, 2019

Submitted via www.regulations.gov
Office of General Counsel, Rules Docket Clerk
Department of Housing and Urban Development
451 7th Street SW, Room 10276
Washington, DC 20410-0500

Re: HUD Docket No. FR-6124-P-01, RIN 2501-AD89 Comments to Proposed Rulemaking: Housing and Community Development Act of 1980: Verification of Eligible Status

Dear Sir/Madam:

I am writing to register the National Health Care for the Homeless Council’s strong opposition to the Department of Housing and Urban Development’s (HUD) proposed rule regarding “verification of eligible status,” published in the Federal Register on May 10, 2019 (RIN 2501-AD89; HUD Docket No. FR-6124-P-01). We urge the rule to be withdrawn in its entirety, and that HUD’s long-standing regulations remain in effect.

The National Health Care for the Homeless Council (NHCHC) is a membership organization representing Health Care for the Homeless (HCH) health centers and other organizations providing health care to people experiencing homelessness. Our members offer a wide range of services to include comprehensive primary care, mental health and addiction treatment, medical respite care, supportive services in housing, case management, outreach, and health education, regardless of an individual’s insurance status or ability to pay. Nationally, 300 HCH programs serve over 1 million patients in 2,000+ locations across the country. We work every day to help our patients access housing, health care, and food assistance, so they can meet their basic needs and escape homelessness.

For the reasons detailed below, we strongly urge HUD not to move forward with this proposed change.

**The proposed rule is anti-family and anti-children.**

HUD anticipates this policy change would force 25,000 families to either split up or lose their housing. This is an unconscionable choice to force families to make, and one that directly would impact 55,000 children. Family separations undermine family stability, and lead to toxic stress, trauma, and attachment issues in children. Even a temporary separation has an enormous negative impact on the health and educational attainment of these children later in life, and many parents struggle to restore the parent-child bond once it has been disrupted.
by a separation. It is troubling that HUD’s own analysis states it “expects that fear of the family being separated would lead to prompt evacuation by most mixed households, whether that fear is justified.” Purposefully instilling fear in children by threatening to either separate them from their family or take away a basic human need like housing is simply immoral and wrong.

The proposed rule will jeopardize the housing status of U.S. citizens.

The proposed rule would require that the 9.5 million U.S. citizens currently receiving HUD assistance (and all future U.S. citizens seeking these benefits) provide documentary proof of citizenship or nationality, such as a birth certificate. This practice has been proven to be burdensome, costly and unnecessary to protect program integrity.

The proposed documentation requirements will be particularly burdensome for recipients of rental assistance who were formerly homeless, as well as for people experiencing homelessness who could be assisted by these programs in the future. People experiencing homelessness often lose important documents such as photo identification, birth certificates, and social security cards because they have no safe places to store them.

The proposed rule will increase homelessness and create a myriad of poor outcomes.

These outcomes will not only hurt families while they struggle to find housing in the short term, but will also lead to reduced opportunities and increased health problems for these families in the long term. Studies have shown that unstable housing situations can cause individuals to experience increased hospital visits, loss of employment, and are associated with increased likelihood of mental health problems in children, and can dramatically increase the risk of an acute episode of a behavioral health condition, including relapse of addiction in adults. Having safe and stable housing is crucial to a person’s good health, sustaining employment, and overall self-sufficiency.

These effects will be particularly prominent for children, nearly all of whom are U.S. citizens, in these mixed status families. Research has shown that economic and housing instability

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5 Megan Sandel et al., Unstable Housing and Caregiver and Child Health in Renter Families, 141 PEDIATRICS 1 (2018), http://pediatrics.aappublications.org/content/141/2/e20172199.
impedes children’s cognitive development, leading to poorer life outcomes as adults.\(^7\) Housing instability is directly correlated to decreases in student retention rates and contributes to homeless students’ high suspension rates, school turnover, truancy, and expulsions, limiting students’ opportunity to obtain the education they need to succeed later in life.\(^8\) Childhood traumas—like those that come from the experience or threat of homelessness—compromise neurological development and increases risk for immediate and long-term adverse health outcomes.\(^9\)

As health care providers, our jobs are made much more difficult when our patients lose housing and no longer have a stable address. This only interrupts care, which is especially dangerous for those with chronic health conditions such as diabetes, asthma, mental health and addiction disorders, etc.

**The proposed rule will burden housing providers and property owners with bureaucratic red tape.**

Under this proposed rule, housing providers must collect and verify documentation that was not previously required. Public housing agencies and private property owners would need to assemble documents “proving” the citizenship of millions of residents, as well as the citizenship of future applicants for assistance. This means creating new policies and systems to collect and report this data, resulting in a significant regulatory cost burden that does not currently exist. Doing so would also deter housing providers from participating in these programs, thereby exacerbating the affordable housing crisis.

**The proposed rule will reduce the quality and quantity of available affordable housing units.**

By HUD’s own assessment, the proposed rule will likely lead to a decrease in the number of assisted families. According to HUD, if the agency were to replace the 25,000 mixed status families currently receiving HUD assistance with households comprising members who are all eligible, this transition would cost HUD from $372 million to $437 million annually.\(^10\)

To pay for these new costs of the proposed rule, HUD has surmised that the likeliest scenario, would be that HUD would have to reduce the quantity and quality of assisted housing in response to higher costs.\(^11\) In this case, the transfer would be from assisted households who experience a decline in assistance (in whole or in part) to the replacement households.

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\(^9\) National Health Care for the Homeless Council and National Network to End Family Homelessness. (January 2019.) *Homelessness & Adverse Childhood Experiences: The health and behavioral health consequences of childhood trauma* (Authors: Avery Brien, Program Manager NNEFH; Marvin So, Co-Chair, NNEFH; Christine Ma, Pediatrician, NNEFH; Lauryn Berner, Project Manager, NHCHC) Available at: http://www.nhchc.org/aces


part of the budget being redirected to cover the increase in subsidy, there would be fewer households served under the housing choice vouchers program.12

HUD’s own economic analysis shows that the proposed rule will not only fail to achieve its stated goals of addressing the subsidized housing waitlist crisis, but will in fact exacerbate this very issue. The Regulatory Impact Analysis released by HUD makes it clear that the proposed rule will not further HUD’s stated mission to “create strong, sustainable, inclusive communities and quality affordable homes for all” and to “utilize housing as a platform for improving quality of life.”13 In fact, the proposed rule will do the exact opposite, reducing the quantity of affordable homes on the market.

The proposed rule addresses a problem that does not exist.

Current law already prohibits HUD fund from supporting ineligible immigrants. Right now, a family’s rent subsidy is decreased to account for any household member who is ineligible for assistance based on immigration status. Hence, ineligible immigrants are not currently receiving public housing assistance funds. This proposed rule does not address a current problem and instead creates many new ones. There is no logical reason to move forward with this proposal which would have the unconscionable effect of pushing over 100,000 poor people into homelessness.

Housing is a human right. Rather than pursue policies that worsen the housing crisis, we would hope that HUD would put a greater emphasis on creating more housing opportunities, investing greater funding in housing assistance programs, and helping all members of communities thrive in safe and stable homes. We strongly urge HUD to use its energies and data to help the U.S. join the ranks of developed nations that recognize housing as a human right through its policies and priorities.

As a network of health care providers, individuals with the experience of homelessness, and countless others who rely on public benefit programs to survive and escape homelessness and poverty, we share the concerns and fully endorse the comments submitted by National Low Income Housing Coalition and the National Housing Law Project. Their comments also detail how the proposed changes to HUD’s housing assistance programs will have devastating consequences to many families, to include many U.S. citizens, and we strongly hope that HUD abandons this course of action.

If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or at bdipietro@nhchc.org.

Sincerely,

G. Robert Watts
CEO