



HOME American Rescue Plan Qualifying Population Eligibility Manual  
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## Introduction

The American Rescue Plan Act of 2021 established HOME American Rescue Plan (HOME-ARP) based on the framework of the HOME annual program, with certain flexibilities and waivers and additional regulations to create new activities. One of the reasons HOME-ARP was created was to serve specific populations called qualifying populations (QPs). These include:

- Households that are experiencing homelessness, per 24 CFR §91.5;
- Households at-risk of homelessness, per 24 CFR §91.5;
- Households with at-risk of homelessness criteria, with waiver to allow for income up to 50% AMI, per HUD CPD Notice 21-10;
- Households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, per HUD 24 CFR §5.2003;
- Households with 30% AMI with severe housing cost burden defined as paying more than 50% of monthly household income toward housing costs, per HUD CPD Notice 21-10;
- Households who have qualified as homeless previously, are currently housed with temporary/emergency assistance, and who need additional housing assistance or supportive services to avoid a return to homelessness, per HUD CPD Notice 21-10; or
- Veterans (and their families) that meet one of the above definitions.

The Texas Department of Housing and Community Affairs (TDHCA) was allocated approximately \$132 million in HOME American Rescue Plan (ARP) funds in a one-time allocation from the U.S. Department of Housing and Urban Development (HUD). TDHCA is releasing this optional tool to assist HOME-ARP projects collect the required forms of verification for HOME-ARP QP eligibility. The declarations and forms in this document may be used to support and certify applicant statements to meet the QP definitions and eligibility requirements.

However, these forms do not replace the need to verify eligibility. Projects should consult the below US Department of Housing and Urban Development (HUD) resources and the TDHCA HOME-ARP guidance before incorporating these forms into their processes.

Please note that the QP verification forms do not include guidance or checklists for income determinations.

## How to Use the HOME-ARP QP Eligibility Manual

This manual is divided into eight parts, some of which will be used by applicants and most of which will be used by intake staff.

**1. QP Eligibility through Referrals** provides instructions for intake staff on how to qualify QPs through referrals from homeless service providers or the Coordinated Entry (CE) system. CE is a method for assessing and prioritizing the needs of homeless persons in a community.

If the documentation received by referral is sufficient to qualify the QP, the HOME-ARP Pre-Application and forms in this checklist do not have to be used. However, the property is ultimately responsible for the accuracy of the QP determination and may also have other responsibilities that were not part of the referring homeless service provider's eligibility determination.

2. **References and Resources** is for intake staff when more information is needed on the definitions. This section lists further information on record-keeping requirements, QP eligibility and the preferred order of documentation.

3. **HOME American Rescue Plan (HOME-ARP) Pre-Application** should be completed by the applicant and reviewed by intake staff. The HOME-ARP Pre-Application Form is a screener to qualify for the development's waitlist. The applicants are instructed on the screener to check off letter(s) A through L that best describe their current living situation. The intake staff reviews the screener to determine if the applicant has self-indicated their eligibility for the waitlist. The screener is retained for record-keeping purposes. If the applicant is added to the waitlist and an appropriate-sized unit becomes available, the intake worker would use the screener to begin the application process.

If the project has a preference, the intake worker should first check if the applicant has checked a letter on the form that corresponds to a preference. If the applicant does not meet the preference and there are no other applicants on the waitlist that meet preferences, the intake staff may process the application to determine eligibility under another QP that is not a preference.

Note that when a Development keeps a waitlist, the waitlists are required to be in chronological for all the QPs. If the Development has a preference, the applicants that meet the preference go to the top of the waitlist also in chronological order. The waitlist cannot be ranked.

4. **Pre-Screener Eligibility Chart** is used by intake staff to determine which form should be used to document the applicant's file based on the letter(s) selected on the screener. Some letters have multiple QP definitions that may correspond to the living situation. If one of the QP definitions cannot be fully verified, other QP definitions with different criteria can be attempted until the applicant either meets one definition or does not qualify.

5. **QP Income Chart** is used by intake staff as a tool to determine if an income qualification is required for the QP definition. Note that this manual does not include forms or instructions on how to gather or determine income. For HOME-ARP rental developments, verifying income is required to calculate the amount of rent paid (no more than 30% of the tenant's income), regardless of QP definition.

6. **QP Eligibility Declarations** are to be completed by the applicant and verified by the intake staff. The QP Eligibility Declarations should be retained in the household's file. Intake staff may consult the Pre-Screener Eligibility Chart in order to use the QP Eligibility Declaration that matches the screener letter selected by the applicant. Only one QP definition needs to be verified in order to qualify the applicant.

If the Development has a preference, the intake staff should first process those applicants that pre-selected they may meet a preference. If all the applications that meet a preference were processed, then the intake staff may try to qualify applicants under other QP definitions that are not preferences. Intake staff may also need the Staff Due Diligence and Oral Verification Form in part 7 and 8 below to fully document the file.

If the applicant indicated they meet a preference but did not meet a preference, the application should be placed back on the waitlist in the same chronological order.

7. **Staff Due Diligence** is used by intake staff to record their efforts to obtain required documentation to show the applicant's QP eligibility. This form is only used as needed. In addition, if the project had

established their own method of showing due diligence, that method may be used without use of this form.

8. **Oral Verification Form** is used by intake staff to document third party oral verification of QP definition criteria. This form is only used as needed. In addition, if the project had established their own method of showing due diligence, that method may be used without use of this form.

## QP Eligibility through Referrals

HOME-ARP projects have options to work with local homeless service providers or coordinated entry. Coordinated entry (CE) is a method for assessing and prioritizing the needs of homeless persons in a community. HUD requires CE for all Continuums of Care (CoCs) ([24 CFR §578.3](#)). A CoC is a group of organizations that work together to apply for CoC funding from HUD. CoC's have a designated "lead agency" that creates the CE.

The QP eligibility documentation must be kept at the project and a copy maintained in the household's file. The documentation from the referral agency may be transferred to the project upon referral. The documentation has to be transferred from provider to project; it cannot be carried by the applicant. The HOME-ARP project can use the referring agencies' documentation for the QP eligibility, if the documentation meets the Development's written criteria. The forms in HOME-ARP QP Checklists do not have to be to verify status a second time. However, the project is ultimately responsible for the accuracy of the QP eligibility criteria, regardless of referral source.

The property may also have other responsibilities that were not part of the referring homeless service provider's eligibility determination. The property must document other preferences or limitations not in the referral. For example, if the property has a preference for homeless veterans and the referring agency did not have this preference, the property is responsible for gathering the documentation to verify the preference. The property must also determine other requirements for participation in the HOME-ARP program, such as household income and the calculation of the tenant paid portion of the rent for rental developments.

## References and Resources

Intake staff or applicants that need or want more information on the QP definitions may use the resources listed below.

- HUD's Federal Definitions of Homelessness or At-Risk of Homelessness 24 CFR 91.5 (<https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5>)
- HUD's Criteria and Recordkeeping Requirements for Definition of Homelessness (<https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>)
- HUD's Criteria for Definition of At Risk of Homelessness (<https://www.hudexchange.info/resource/1975/criteria-for-definition-of-at-risk-of-homelessness/>)
- HUD's HOME-ARP CPD Notice 21-10 and Appendix (<https://www.hudexchange.info/resource/6479/notice-cpd-2110-requirements-for-the-use-of-funds-in-the-home-arp-program/>)

- TDHCA’s HOME-ARP website (<https://www.tdhca.state.tx.us/home-arp/index.htm>)

## Preferred Order of Documentation

Intake staff should attempt to gather documentation by third-party verification first, intake observation second, and self-certification third. Below is a preferred order of documentation with additional details:

1. Third-Party Verification - Source
  - An original or authentic document generated by a third party source that is dated within 120 days from the date of receipt by the owner. Such documentation may be in possession of the tenant (or applicant), and commonly referred to as tenant-provided documents. These documents are considered third-party verification because they originated from a third-party source. They were not generated by the Third Party solely for the purpose of verifying information.
2. Third Party Verification – Written
  - Written documentation sent directly by the third-party source by mail or electronically by fax, email or internet.
  - Acceptable if:
    - Sent directly by a third-party source
    - Not hand-carried by the applicant
    - Completed in its entirety
    - Mail (with copy of envelope in which verification was received)
    - Fax (Includes company name and source’s fax number)
    - Email (reliable if includes name of appropriate person or firm)
    - Internet (Web-based information from reputable source, includes print-outs)
3. Third Party Verification - Oral
  - Acceptable if documented and from a reliable third party source
  - May also be utilized for clarifying incomplete verifications and discrepancies
  - Should include:
    - Date & Time
    - Person contacted & their contact information, such a phone number
    - Contact title/position/role
    - Information reported
    - Staff name, signature, and certification
4. Intake Observation
  - May only be used when listed as an allowable form of verification for referring intake staff per the eligibility forms.
5. Self-Certification
  - May only be used when listed as an allowable form of verification per the eligibility forms.
  - Intake Staff Certification of Due Diligence should also be used to document the need for self-certification, except for the Declaration of Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking.

## HOME American Rescue Plan (HOME-ARP) Pre-Application

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_ # of bedrooms requested \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Applicants should check all boxes that describe your current housing situation.

*I'm applying to be placed on the HOME-ARP wait list today because:*

- (A)** I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days.
- (B)** I'm living with someone else because of economic reasons.
- (C)** I'm going to lose my current housing in 3 weeks (21 days) or less from today.
- (D)** I am living in a hotel/motel and running out of money and/or help.
- (E)** I am living in an overcrowded situation (1.5 or more per room – don't count bathrooms or kitchen)
- (F)** I'm leaving or have just left foster care
- (G)** I'm leaving or have just left a jail, a hospital, or other publicly funded institution.
- (H)** I can't afford my current housing because more than ½ of my income goes to rent.
- (I)** I'm currently in my home and receiving temporary housing assistance from a program but that is going to run out soon.
- (J)** I am homeless (living outside, in my car, an abandoned building, a camp, transitional housing, or in a temporary shelter).
- (K)** I'm fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking.
- (L)** I am aged 24 or under, or in a family with children and another agency has qualified me as homeless: including but not limited to a school, Supplemental Nutrition Assistance Program (SNAP), social worker etc.

*If you qualify for the HOME-ARP waitlist you will be notified once a Unit is available and asked to fill out the full application and provide documentation. If none of the above situations apply, you may not qualify for the HOME-ARP wait list, but may qualify for another program at the property.*

## Pre-Screener Eligibility Chart

**Directions:** Intake staff should use the chart below to see what declaration(s) will need to accompany the application and provide documentation for the file.

If a letter has multiple QP definitions that correspond to the living situation indicated, intake staff may try to verify one QP definition at a time until a definition accurately applies. Once one QP definition is fully documented, then no further QP definitions need to be met.

<b>Letter(s) selected</b>	<b>Definition(s)</b>	<b>Pages</b>
A	At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	16, 21
A with L	Homeless Category 3	13
B	At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	16, 21
C	Homeless Category 2 - Imminent Risk of Homelessness At Risk of Homelessness Category 1, Risk C Termination of Housing At Greatest Risk of Housing Instability, Risk C Termination of Housing	11, 18, 23
D	Homeless Category 1 – Literally Homeless At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	9, 16, 21
E	At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	16, 21
F	Homeless Category 1 - Literally Homeless Exiting an Institution At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	10, 16, 21
G	Homeless Category 1 – Literally Homeless Exiting an Institution At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	10, 16, 21
H	At Greatest Risk of Housing Instability - Cost burdened	20
I	Formerly Homeless and Currently Housed	15
J	Homeless Category 1	9
K	Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking	24
L	At-Risk of Homelessness Category 2 or 3	19

## QP Income Level Chart

The chart below shows the different income restrictions for each definition.

Definition	Income Level
Homeless Category 1 – Literally Homeless Homeless Category 1 – Literally Homeless Exiting an Institution	No income level required.
Homeless Category 2 - Imminent Risk of Homelessness	No income level required.
Homeless Category 3	No income level required.
At Risk of Homelessness Category 1, Risk A, B, D, E & F	<u>Under</u> 30% AMI
At Risk of Homelessness Category 1, Risk C Termination of Housing	<u>Under</u> 30% AMI
At-Risk of Homelessness Category 2 or 3	No income level required.
At Greatest Risk of Housing Instability, Risk A, B, D, E & F	<u>At or under</u> 50% AMI
At Greatest Risk of Housing Instability, Risk C Termination of Housing	<u>At or under</u> 50% AMI
At Greatest Risk of Housing Instability - Cost burdened	<u>At or under</u> 30% AMI
Formerly Homeless and Currently Housed	No income level required.
Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking	No income level required.

**DECLARATION FOR HOMELESS**

**Category 1 – Literally Homeless (Pre-Application D, J)**

Applicant First Name:  
Address:

Applicant Last Name:  
City:

Suffix:  
Zip Code:

I, above named Applicant hereby certify that:

i.  I am currently homeless and living in a place not designed for human habitation (i.e. a car, park, abandoned building, bus or bus/train station, airport, camping ground, or similar place.

Required Documentation:

- Referral by another housing or service provider that the household was living in a place not meant for human habitation;
- Homeless Management Information System (HMIS) records; or
- Referral staff intake observation.

ii.  I am residing in a publicly or privately operated emergency shelter or transitional housing facility designed to provide temporary living arrangements; or, in a hotel/motel currently paid for by charitable organizations or by federal, state or local government programs;

Required Documentation:

- Homeless Management Information System (HMIS) record;
- Referral by another housing or service provider stating that the household was in an emergency shelter or transitional housing; **or**
- Referral by another housing or service provider that the household stating the household is living in hotels and motels paid for by charitable organizations or by federal, state and local government programs; **and if hotel/motel:**

Housing in hotel/motel

- Letter from hotel/motel manager
- Referral Staff observation

+

Costs have not been covered by charitable organization or government program

- Canceled checks
- Receipts and bank statements
- Other:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

**DECLARATION FOR HOMELESS**

**Category 1 – Literally Homeless Exiting an Institution (Pre-Application F, G)**

Applicant First Name:

Applicant Last Name:

Suffix:

Address:

City:

Zip Code:

I, above named Applicant hereby certify that I am exiting an institution where I have resided for 90-days or less and I resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Required Documentation:

Referral by another housing or service provider that the household was living in a place not meant for human habitation; **or**

Homeless Management Information System (HMIS) record; **and**

Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution:

The discharge paperwork states the beginning and end dates of the time residing in the institution.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

**DECLARATION FOR HOMELESS**  
*Category 2 – Imminent Risk of Homelessness (Pre-Application C)*

Applicant First Name:

Applicant Last Name:

Suffix:

Address:

City:

Zip Code:

Date of Application of Assistance:

I, above named Applicant hereby certify that:

1. My residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified.
3. I lack the resources and support networks (examples: family, friends, faith based or other social networks) needed to obtain other permanent housing.

The notice: (*check one*)

- Did not provide a way to remedy the situation and avoid eviction
- Did provide a way to remedy the situation and avoid eviction (e.g., paying the overdue rent balance), but I cannot meet the terms of avoiding the eviction. I understand that I must provide documentation to also substantiate that I cannot meet the terms of avoiding eviction.

Required steps: Documentation to substantiate not meeting the terms of avoiding eviction:

- Bank statement(s)     Termination Notice     Health care bill showing arrears  
 Unemployment Compensation Statement     Other:

Documentation must include **one** of the following:

- A court order** resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance
- Date of Court Order:
    - Judgement or Default Judgement
    - Notice of Writ of Possession
    - Other:
- Notice equivalent to an eviction action under applicable state law;**
- Date of Notice:
  - Next Legal Action Date (if applicable):
    - Landlord Filing of Eviction Suit (Petition)
    - Eviction Citation issued by Justice Court
    - Other:
- Notice to Quit or Vacate**
- Date of Notice:
  - Quit/Vacate Date in notice:
  - A Notice to Quit or Vacate cited one of the following reasons:
    - Holdover Tenancy - Lease expiration date:
    - Lease Violation
    - Non-Payment of Rent
    - Other:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

## DECLARATION FOR HOMELESS

### *Category 3 – Homeless under other Federal statutes (Pre-Application A and L)*

Applicant First Name:                      Applicant Last Name:                      Suffix:  
Address:                                      City:    Zip Code:

I, above named Applicant hereby certify that I am an/my household is a:

- Unaccompanied youth under 25 years of age, who:  
 Family with children and youth, who:

1. Are defined as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, Public Health Service Act, Food and Nutrition Act of 2008, Child Nutrition Act of 1966, McKinney-Vento Homeless Assistance Act\* **and**
2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; **and**
3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; **and**
4. Can be expected to continue in such status for an extended period of time due to chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or
5. **two or more barriers to employment**, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Remaining required Documentation for Verification:

- Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another the federal statutes listed above; **and**
- Referral by a housing or service provider, written observation by an outreach worker, or certification by the homeless individual or head of household seeking assistance; **and**
- Recorded statements or records obtained from:
- Each owner or renter of housing, or
  - Provider of shelter or housing, or
  - Social worker, case worker, or other appropriate official of a hospital or institution in which the individual or family resided, or
  - A written record of the intake worker's due diligence in attempting to obtain these statements or records, or
  - Where a move was due to the individual or family fleeing domestic violence, dating violence, sexual assault, or stalking, then the intake worker may alternatively obtain a written certification from the individual or head of household seeking assistance that they were fleeing that situation and that they resided at that address; **and**
- Written documentation including:

diagnosis from a professional who is licensed by the state to diagnose and treat that condition (or intake staff-recorded observation of disability that within 45 days of date of the application for assistance is confirmed by a professional who is licensed by the state to diagnose and treat that condition); or

**Two or more of:**

- Employment records; or
- Department of corrections records;
- Literacy, English proficiency tests;
- or other reasonable documentation of the conditions:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

\* Full list of statutes for item 1 is: section 387 of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a](#)), section 637 of the Head Start Act ([42 U.S.C. 9832](#)), section 41403 of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2](#)), section 330(h) of the Public Health Service Act ([42 U.S.C. 254b\(h\)](#)), section 3 of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012](#)), section 17(b) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)](#)) or section 725 of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11434a](#));

**DECLARATION OF FORMERLY HOMELESS AND CURRENTLY HOUSED**

*(Pre-Application I)*

Applicant First Name:

Applicant Last Name:

Suffix:

Address:

City:

Zip Code:

I, above named Applicant hereby certify that:

- 1) I have been previously qualified as “homeless” according to a service provider,
- 2) I am currently housed due to temporary or emergency assistance, including financial assistance, services, temporary rental assistance or some type of other assistance; and
- 3) I will need additional housing assistance or supportive services to avoid a return to homelessness.

**Required Documentation**

Evidence of prior homelessness.

- Homeless Management Information System (HMIS) record; **or**
- Referral by another housing or service provider with documentation of prior homelessness per 24 CFR §91.5 (example: Literally Homeless/Literally Homeless Exiting an Institution);  
or
- Other:           ; **and**

Documentation of current assistance showing end date from agency providing assistance

- Contract or assistance agreement with agency; **or**
- Referral from another housing or service provider listing assistance provided and end date of assistance.
- Other:           ; **and**

Demonstration of additional need:

- Bank statement(s)
- Termination Notice
- Unemployment Compensation Statement
- Health care bill showing arrears
- Other:           ; **and**

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Household Signature*

\_\_\_\_\_  
*Date*

**DECLARATION OF AT RISK OF HOMELESSNESS**  
*Category 1 Risks A, B, D, E, & F (Pre-Application A, B, D, E, F, & G)*

Applicant First Name:  
Address:

Applicant Last Name:  
City:

Suffix:  
Zip Code:

I, above named Applicant hereby certify that:

1. I have insufficient financial resources and support networks immediately available to attain housing stability; and
2. I do not have insufficient resources or support networks (examples: family, friends, faith-based or other social networks) immediately available to prevent me/us from moving to an emergency shelter, transitional housing, hotel/motel paid by charities or government programs, or other public/private place not designated or ordinarily used as a regular sleeping accommodation for human beings; and
3. I meet the following criteria: *(Check one of the below categories, and the accompanying documentation that will be provided for intake eligibility)*

- A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;

Two or more moves within 60 Days

- Homeless Management Information System (HMIS) Records, or  
 Referral housing/service provider, or  
 Letter from tenant/owner, or  
 Other:

Economic reasons

- Notice of termination from Employer  
 Health care bills indicating arrears, or  
 Utility bills indicating arrears, or  
 Other:

- B) Is living in the home of another because of economic hardship;

Housing must be in the home of another

- Letter from tenant/homeowner, or  
 Referral Staff observation, or  
 Other:

Economic hardship

- Notice of termination from Employer, or  
 Health care bills indicating arrears, or  
 Utility bills indicating arrears, or  
 Other:

- D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state or local government programs for low-income individuals;

Housing must be in hotel/motel

- Letter from hotel/motel manager, or  
 Referral Staff observation, or  
 Other:

Costs have not been covered by charitable organization or government program

- Canceled checks, or  
 Receipts or bank statements, or  
 Other:

- E) Lives in an Single Resident Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than one-and-a-half persons per room;

Census Bureau Definition

- SRO or efficiency: > 2 people, or  
 Larger housing: > 1.5 people per room

Count of rooms and persons in unit

- Unit details from Tax's Assessor's Office, or  
 Lease, or

- Referral Staff observation, or
- Other:

- F) Is exiting a publicly funded institution or system of care.  
Documentation of discharge from a health care facility, mental health facility, foster care or other youth facility or correction program may include
  - Discharge paperwork, or
  - Referral letter from facility.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

**Intake Staff:**  Income documentation to show this household is less than 30% AMI has been collected and verified.



DECLARATION OF AT RISK OF HOMELESSNESS

Category 2 & 3 (Pre-Application L)

Applicant First Name:
Address:

Applicant Last Name:
City:

Suffix:
Zip Code:

I, above named Applicant hereby certify that I/my household meet(s) the criteria defined under:

[ ] Homeless Children and Youth

Unaccompanied youth under 25 years of age, who does not qualify as homeless under the homeless definition, but qualifies as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, Public Health Service Act, Food and Nutrition Act of 2008, Child Nutrition Act of 1966.\*



Certification of homeless status must be provided by agency administering applicable federal program

[ ] Letter provided by agency administering federal program

or

[ ] Agency standardized form

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Other Household Signature

[ ] Homeless Children and Youth, including Families/ Guardians

An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

OR

Required Documentation



Certification of homeless status must be provided by agency under section 725(2) of the McKinney-Vento Homeless Assistance Act

[ ] Letter or written referral provided by agency administering federal program.

[ ] If Applicable: Must confirm that family/guardian is residing with children/youth.

Date

Date

\*Full citations of other federal statutes are as follows: section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)).

**DECLARATION OF AT GREATEST RISK OF HOUSING INSTABILITY – COST BURDENED**

*(Pre-Application H)*

Applicant First Name:  
Address:

Applicant Last Name:  
City:

Suffix:  
Zip Code:

I, above named Applicant hereby certify that:

I am severely cost burdened by paying >50% of monthly household income toward housing costs.

**Required Documentation:**

Monthly household Income; **and:**

- Bank statements; or
- Paystubs; or
- Unemployment Compensation; or
- Child support; or
- Other sources of income:

Proof of current housing costs.

- Lease
- Letter from lease holder/owner if not on the lease. Letter should state the amount that the household pays for housing.
- Other:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Household Signature*

\_\_\_\_\_  
*Date*

**Intake Staff:** Applicant's gross income is: \$ \_\_\_\_\_ /month.

Applicant's current housing costs \$ \_\_\_\_\_ /month (excluding utilities).

Applicant pays \_\_\_\_\_ % of income on housing costs.

Income document to show this household is equal or less than 30% AMI.

**DECLARATION OF AT GREATEST RISK OF HOUSING INSTABILITY – AT-RISK CONDITIONS**

*(Pre-Application A, B, D, E, F or G)*

I, above named Applicant hereby certify that I/my household: *(Check one of the below categories, and the accompanying documentation that will be provided for intake eligibility)*

- A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;
- |  |   |   |
|--|---|---|
| <u>Two or more moves within 60 Days</u>  |   | <u>Economic reasons</u>   |
| <input type="checkbox"/> Homeless Management Information System (HMIS) Records, or | + | <input type="checkbox"/> Notice of termination from Employer, or  |
| <input type="checkbox"/> Referral housing service provider or                      |   | <input type="checkbox"/> Health care bills indicating arrears, or |
| <input type="checkbox"/> Letter from tenant/owner, or                              |   | <input type="checkbox"/> Utility bills indicating arrears, or     |
| <input type="checkbox"/> Other:  |   | <input type="checkbox"/> Other:                                   |
- B) Am living in the home of another because of economic hardship;
- |   |   |   |
|---|---|---|
| <u>Housing must be in the home of another</u>             |   | <u>Economic hardship</u>  |
| <input type="checkbox"/> Letter from tenant/homeowner, or | + | <input type="checkbox"/> Notice of termination from Employer, or  |
| <input type="checkbox"/> Referral Staff observation, or   |   | <input type="checkbox"/> Health care bills indicating arrears, or |
| <input type="checkbox"/> Other:                           |   | <input type="checkbox"/> Utility bills indicating arrears, or     |
|   |   | <input type="checkbox"/> Other:                                   |
- D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state or local government programs for low-income individuals;
- |  |   |   |
|--|---|---|
| <u>Housing must be in hotel/motel</u>                        |   | <u>Costs have not been covered by charitable organization or government program</u> |
| <input type="checkbox"/> Letter from hotel/motel manager, or | + | <input type="checkbox"/> Canceled checks, or  |
| <input type="checkbox"/> Referral Staff observation, or      |   | <input type="checkbox"/> Receipts or bank statements, or                            |
| <input type="checkbox"/> Other:                              |   | <input type="checkbox"/> Other:   |
- E) Live in an Single Resident Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than one-and-a-half persons per room;
- |  |   |  |
|--|---|--|
| <u>Census Bureau Definition</u>                                |   | <u>Count of rooms and persons in unit</u>                              |
| <input type="checkbox"/> SRO or efficiency: > 2 people, or     |   | <input type="checkbox"/> Unit details from Tax’s Assessor’s Office, or |
| <input type="checkbox"/> Larger housing: > 1.5 people per room | + | <input type="checkbox"/> Lease, or                                     |
|  |   | <input type="checkbox"/> Referral Staff observation, or                |
|  |   | <input type="checkbox"/> Other:  |
- F) Am exiting a publicly funded institution or system of care.  
Documentation of discharge from a health care facility, mental health facility, foster care or other youth facility or correction program may include
- Discharge paperwork, or
  - Referral letter from facility.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

**Intake Staff:**  Income documentation to show this household at or under 50% AMI has been collected and verified.

**DECLARATION OF AT GREATEST RISK OF HOUSING INSTABILITY – AT-RISK, TERMINATION OF HOUSING**  
*Category 1 Risk C (Pre-Application C)*

Applicant First Name:

Applicant Last Name:

Suffix:

Address:

City:

Zip Code:

Date of Application of Assistance:

I, above named Applicant, hereby certify that I/my household have/has been notified that my right to occupy my current housing or living situation will be terminated **within 21 days after the date of this application** for assistance.

I have received a Notice to Quit or Vacate for the following reason:

Nonpayment of rent

Lease violation

Hold over Tenancy

Lease expiration date:

Other:

For all notices:

Date of Notice:

Quit/Vacate Date in Notice:

The notice: (check one)

Did not provide a way to remedy the situation and avoid eviction, or

Did provide a way to remedy the situation and avoid eviction (e.g., paying the overdue rent balance), but I cannot meet the terms of avoiding the eviction. I understand that I must provide documentation to show that I cannot meet the terms of avoiding eviction.

Required steps: Documentation to show I cannot meet the terms of avoiding eviction:

Bank statement(s), or

Termination Notice, or

Unemployment Compensation Statement, or

Health care bill showing arrears, or

Other:

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Household Signature*

\_\_\_\_\_  
*Date*

**Intake Staff:**  Income document to show this household is at or under 50% AMI has been collected and verified.

DECLARATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING OR HUMAN  
TRAFFICKING (*Pre-Application K*)

Applicant First Name:  
Address:

Applicant Last Name:  
City:

Suffix:  
Zip Code:

I, above named Applicant, hereby certify that I am an individual or family who is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. I believe that there is a threat of imminent harm from further violence due to dangerous or life-threatening conditions that relate to violence against me or my family member, including a child, that has taken place in my home or has made the me or my family afraid to return or remain within my home. In the case of sexual assault, I certify that the assault occurred on the premises during the 90-day period preceding the date of the request for transfer or that I reasonably believe there is a threat of imminent harm from further violence if I remain.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

---

**Staff Certification**

For non-victim service providers:

If there is not a threat to safety, the above self-certification must be supported by:

- Third-Party Written referral source from whom assistance was sought for Domestic Violence  
OR  
 Referral intake worker observation.

For Victim Service Providers (VSP):

- Self-Certification.  
OR  
 Oral statement recorded by, signed by, and dated as true and complete by victim service provider intake staff

Recorded Oral Statement:

Information Verified:

Intake Staff

I certify that the above information is true and correct.

\_\_\_\_\_  
*Signature of Intake Staff*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Staff's Title*

Intake Staff Certification of Due Diligence

**Intake Staff Use Only**

Agency:		Contract No:	
Contact Name:		Contact Title:	
Address:		Phone:	
Regarding Applicant/Participant:			

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual/household who is applying for HOME-ARP assistance. I understand self-certification is only permitted when I have attempted to, but cannot obtain third party verification.

Documentation of attempt(s) made for third-party verification:

Date	Type of Attempt (oral, written, email etc.)

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Third Party Oral Verification Form

**Intake Staff Use Only**

Agency:		Contract No:	
Contact Name:		Contact Title:	
Address:		Phone:	
Regarding Applicant/Participant:			

The telephone (oral) verification is being gathered (check one):

- In lieu of a third-party written or firsthand verification. Describe the reason that a third-party written or firsthand verification was not feasible in this instance:
- As a source of clarification for a gathered third-party written or firsthand verification. Describe area in which clarification is being sought:

Person Contacted:		Title:	
Employer Name:		Phone/Fax:	
Date Contacted:		Time Contacted:	

1. Information Verified:
  
2. Information Supplied:
  
3. Additional Remarks:

**OWNER AUTHORIZED REPRESENTATIVE CERTIFICATION**

I certify that the above information is true and correct,

<i>Signature of Authorized Representative</i>	<i>Representative's Title</i>	<i>Date</i>
<i>Printed Name</i>	<i>Phone #</i>	<i>Fax #</i>
		<i>Email</i>