A logo with text overlay

Description automatically generated

Rental Assistance Annual Assessment

*The Annual Assessment must be completed within 30 days prior/post of the one-year anniversary of client enrolled in program.*

*Case Managers- Please verify the following prior to completing the annual assessment.*

* Does lease require update/new signatures to start a new year of occupancy?
* Has the annual HQS inspection been completed*? If not, the program cannot provide additional financial assistance until unit has passed the re-inspection.*
* Has Release of Information been updated/re-signed?

Date due for Annual Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Annual Review completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date originally certified as eligible for assistance/Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List All Household Income received in the past 30 days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Income Type** | **$ Amount** | **Verification Received** | **Verification Type** |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
| Total Monthly Household Income: $    **Total Annual Household Income: $** | | | | |

**List All Benefits/Subsidies received in the past 30 days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Benefit Type** | **$ Amount- if applicable** | **Verification Received** | **Verification Type** |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |

**Please identify any changes since Entry into the program:**

**Entry Annual Assessment**

Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any changes to benefits, services, or case plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager- Household lacks sufficient resources and support networks to retain housing without program assistance as evidenced by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ updated in HMIS**