

Verification of Qualifying Population for HOME-ARP Supportive Services



Household name: _____ meets the HOME-ARP Supportive Services program requirements as a “qualifying population.”

Please mark and complete any applicable current living situations below that apply to the applicant.

Homeless:

___ Household is currently staying at an Emergency Shelter.

Name of Shelter _____ Date Entered: _____ Date Exited: _____

___ Household is being discharged within a week from an institution such as a mental health or substance abuse treatment facility or jail/prison. Household has been residing in the institution for less than 90 days and immediately prior, was at an emergency shelter, motel paid by an agency, or a place not meant for human habitation

Name of Facility: _____ Date Entered: _____ Date Exited: _____

Please indicate where you were the night before entering facility: _____

___ Household (or adult member of household) spent last night at a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

- | | |
|------------------------------------|----------|
| ___ Abandoned building | ___ Park |
| ___ Streets / sidewalk | ___ Car |
| ___ Other: (please describe) _____ | |

___ Household spent last night in a hotel/motel paid for by a charitable organization or a government funded program.

Name of charitable organization or government program: _____

___ Household is a youth under 25 years of age, or households with children and youth, who do not otherwise qualify as homeless under this definition but are defined as homeless under other federal statutes.

At-Risk of Homelessness:

___ The household named above meets all three of the following requirements:

1. Has an annual income below 30 percent of family median income in their area as determined by HUD
2. Does not have sufficient resources or support networks to prevent them from homelessness
3. Meets one of these additional qualifying criteria (select all that apply):
 - ___ Moved because of economic reasons two or more times in the last 60 days
 - ___ Is living at home due to economic hardships
 - ___ Has been notified that you must vacate current living situation within 21 days
 - ___ Currently living in motel/hotel paid for entirely by household
 - ___ Currently living in a single-room occupancy or efficiency with more than two persons
 - ___ Will be exiting a publicly funded institution of care (healthcare system, jail/prison, etc.)
 - ___ Lives in housing that has characteristics associated with instability and an increased risk of homelessness

___ Household will imminently lose their primary nighttime residence, provided that the household meets all the following:

1. The primary nighttime residence will be lost within 14 days
2. No subsequent housing has been identified
3. The household lacks resources or support networks to obtain other permanent housing

Verification of Qualifying Population for HOME-ARP Supportive Services



Fleeing or attempting to flee a domestic violence, dating violence, sexual assault, stalking or human trafficking.

I am fleeing a domestic violence situation and have no other residence and lack the resources or support networks to obtain other permanent housing.

Are you currently working with a DV Advocate? Yes or No . Advocate name: _____

Other Populations:

My household does not qualify under any of the previous living situations, but does qualify under one of the following criteria (select all that apply):

My household previously qualified as “homeless” and are currently housed due to temporary or emergency assistance, including financial assistance, that allows my household to be housed and prevent a return to homelessness

My household is at a great risk of housing instability due to:

1. Annual income equal or less than 30% of my area median income and is experiencing severe cost burden (paying more than 50% of monthly household income toward housing costs)

OR

2. Annual income is equal or less than 50% of area median income and meets one of the following requirements (select all that apply):

- Moved because of economic reasons two or more times in the last 60 days
- Is living at home due to economic hardships
- Have been notified that you must vacate current living situation within 21 days
- Currently living in motel/hotel paid for entirely by household
- Currently living in a single-room occupancy or efficiency with more than two persons
- Will be exiting a publicly funded institution of care (healthcare system, jail/prison, etc.)
- Lives in housing that has characteristics associated with instability and an increased risk of homelessness

**Verification of Qualifying Population for
HOME-ARP Supportive Services**



Applicant's Statement of Housing Situation:

What are the reasons you currently lack the financial resources and/or support network to secure housing without assistance?

I agree that the statements provided are accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

For staff to fill out at program entry:

Documentation of Homelessness

Please indicate which documentation was obtained. All supporting letters and additional documents for verification must accompany this form. Check all that apply.

- Third-party Documentation (HUD preferred form of documentation)
- Intake Worker Documentation (If third-party cannot be obtained and **MUST** fill out due diligence section on this form)
- Self-Certification (**MUST** have WIBOS Self-Certification form and due diligence filled out)

Documentation of Due Diligence

A **detailed** description of efforts to obtain third-party verification must be recorded, including the outcome of the efforts and obstacles. Users should document all efforts to collect third-party verification, the Applicant's current living situation, and why the attempts to collect third-party documentation were unsuccessful.

Based on the information provided by the referring agency, confirmed through due diligence, I certify that the information above is true and correct to the best of my knowledge.

CE Lead/SSO Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____