

Verification of Qualifying Population for HOME-ARP Supportive Services



Qualifying Population 2: At-Risk of Homelessness (continued)

- Household is a child or youth under the age of 25 who does not qualify as “homeless” under this section but qualifies as homeless under another federal statute.
- Household is an unaccompanied youth who does not qualify as homeless under the homeless definition but qualifies as homeless under the McKinney-Vento Homeless Assistance Act, and the parent or guardian of that child or youth if living with them.

Qualifying Population 3: Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking

- Household is currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking and fall under one of the following (select one):
 - Have fled their primary nighttime residence
 - Wants to leave their primary nighttime residence
 - Is currently staying at their primary residence where the incident(s) occurred but don’t want to leave current residence
 - Other (please explain): _____

Qualifying Population 4: 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

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Applicant's Statement of Housing Situation:

What are the reasons you currently lack 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: _____

Verbal Consent Given? Yes No 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 HOME-ARP VOQP 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, confirmed through due diligence, I certify that the information above is true and correct to the best of my knowledge.

Staff Signature: _____ Date: _____