

# Supportive Services Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Income (*ONLY if required by QP2 or QP4*): \_\_\_\_\_ Number in Household: \_\_\_\_\_

Household Type: Single, Non-Elderly Elderly Single Parent Two Parents Other

New Household: Yes / No Veteran: Yes / No Hispanic: Yes / No

Race:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Asian & White                          |  |
| <input type="checkbox"/> American Indian/Alaskan Native |   |  |
| <input type="checkbox"/> Other Multi-Racial             |   |  |

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## QP1: Homeless

- ☐ Homeless
- ☐ Imminent Risk of Homelessness
- ☐ Homeless Under Other Federal Statutes

## ☐ QP2: At Risk of Homelessness

- ☐ Individuals & Adult Families (**Requires income verification**)
- ☐ Unaccompanied Children & Youth
- ☐ Families with Children & Youth

## ☐ QP3: Domestic Violence, etc.

- ☐ Imminent Risk of Harm

## ☐ QP4: Other Populations

- ☐ Other Families Requiring Services or Housing Assistance to Prevent Homelessness
- ☐ At Greatest Risk of Housing Instability (**Requires income verification**)
- ☐ Low Income & At Risk of Homelessness (**Requires income verification**)

*I certify that the information on this form is accurate and complete. I understand that I must fill out and include a copy of this form in the Client's file which **MUST** include my certification that the Client qualifies as QP1, QP2, QP3, or QP4 **AND** the required documentation listed in the Required Documentation form.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## QP4: Other Populations

- ☐ **Other Families Requiring Services or Housing Assistance to Prevent Homelessness: MUST** meet **ALL** requirements below.
  - ☐ Previously homeless; **AND**
  - ☐ Housed due to temporary or emergency assistance (such as time-limited rental assistance programs or emergency rental assistance programs that is ending); **AND**
  - ☐ Need for additional assistance to prevent return to homelessness.

- ☐ **At Greatest Risk of Housing Instability** (*Requires income verification*): **MUST** meet **BOTH** requirements listed below.

**Income:** \_\_\_\_\_

- ☐ Annual income that is less than or equal to 30% AMI (*See HOME Income Limits*), **AND**
- ☐ Experiencing severe cost burden (paying more than 50% of monthly household income towards housing costs)

- ☐ **Low Income & At Risk of Homelessness** (*Requires income verification*): **MUST** meet income and housing instability requirements.

**Income:** \_\_\_\_\_

- ☐ Annual income that is less than or equal to 50% AMI (*See HOME Income Limits*), **AND**
- ☐ Meets **ONE** of six (6) following conditions:
  - ☐ Has moved because of economic reasons two or more times during the **60 days** immediately preceding the application for HOME-ARP Supportive Services.
  - ☐ Is living in someone else's home because of economic hardship.
  - ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within **21 days** after the date of application for assistance.
  - ☐ Lives in a hotel or motel and the cost of the hotel or motel stay is **NOT** paid by charitable organizations or by federal, State, or local government programs for low-income individuals (if the hotel/motel is paid for by a charitable organization or governmental agency, the individual qualifies as *QP1: Homeless*).
  - ☐ Two (2) or more people living in a single-room occupancy (SRO / studio) or efficiency apartment unit **OR** people living in a larger housing unit with more than 1.5 people per room. **Note: overcrowding is measured by ROOMS – excluding kitchen and bathrooms – not BEDROOMS.** (E.g. A 2-bedroom unit that has a living room and dining room has **4 ROOMS**. This unit can have up to 6 people living in it before it is considered "overcrowded." To qualify as QP2 with this condition, the unit in question would need to house 7 or more people).
  - ☐ Is living in a publicly funded institution, or system of care.

# QP4: Other Populations

*I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP4, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.*

\_\_\_\_\_

Name

\_\_\_\_\_

Date

# Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP4. Check which documentation is needed to certify that an individual or family is eligible. ***Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.***

## QP4: Other Populations

### Other Families Requiring Services or Housing Assistance to Prevent Homelessness

Was previously homeless **AND** is currently in housing and receiving time-limited assistance **AND** needs continued support to prevent returning to homelessness. **MUST** provide documentation for **ALL 3** sections below.

#### ☐ Previous Homeless History

##### *Third Party Verification (Preferred)*

- ☐ A dated, signed written observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer
- ☐ A written, dated and signed referral by another housing or service provider
- ☐ Records from HMIS demonstrating prior enrollment in homeless services program
- ☐ Other documentation indicating prior homeless status (see QP1 section)

##### *Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

#### ☐ Currently In Housing and Receiving Time-Limited Assistance

##### *Third Party Verification (Preferred)*

- ☐ Written, dated, and signed verification that a household received time-limited assistance and the dates that assistance will end/has ended
- ☐ Records from HMIS demonstrating enrollment in temporary or emergency assistance program that will end/has ended

##### *Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Required Documentation

☐ **Continued Need for Support to Prevent Return to Homelessness**

*Third Party Verification (Preferred)*

- ☐ Dated and signed written verification or assessment showing services or housing assistance are needed to prevent return to homelessness

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Dated and signed written observations from intake staff of potential barriers

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Required Documentation

## QP4: Other Populations

### At Greatest Risk of Housing Instability (30% AMI)

Has an income of 30% AMI or less **AND** is severely cost burdened (paying more than 50% of monthly household income towards housing costs). **MUST** provide documentation for **BOTH** sections below.

☐ **Income (less than or equal to 30% AMI)**

*Third Party Verification (Preferred)*

- ☐ Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

*Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

☐ **Severe Cost Burden (paying more than 50% of monthly household income towards housing costs)**

*Third Party Verification (Preferred)*

- ☐ Current lease with rent amounts, or letter from owner/primary leasehold with rent amounts,  
**AND**
- ☐ Written calculation between rent and current income to document household eligibility.  
Note: Housing costs must be at least 50% of annual income

*Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Required Documentation

## QP4: Other Populations

### Low Income & At Risk of Homelessness (50% AMI)

Has an income of 50% AMI or less **AND** has evidence of housing instability. **MUST** provide documentation for **BOTH** sections below.

☐ **Income (less than or equal to 50% AMI)**

*Third Party Verification (Preferred)*

- ☐ Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

*Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

☐ **Evidence of Housing Instability (See Housing Instability Conditions at the end of this document for documentation examples for each condition)**

*Third Party Verification (Preferred)*

- ☐ Source documents that evidence one or more of the conditions listed in *Housing Instability Conditions* section of this document

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Housing Instability Conditions

Housing Instability Condition is met when the client meets **ONE** of the following criteria.

- ☐ **Has moved because of economic reasons two or more times during the last 60 days immediately preceding the application for homelessness prevention assistance**

*Third Party Verification (Preferred)*

- ☐ Letter from tenant/owner
- OR**
- ☐ Referral from housing/service provider
- OR**
- ☐ HMIS records

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Is living in the home of another because of economic hardship ("doubled-up")**

*Third Party Verification (Preferred)*

- ☐ Letter from tenant/owner where the participant is residing,
- AND**
- ☐ Termination letter from employment, medical or utility bills in arrears

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance**

*Third Party Verification (Preferred)*

- ☐ Eviction notice, court order to leave within 21 days
- OR**
- ☐ If (doubled-up): eviction letter from tenant/homeowner

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance



# Housing Instability Conditions

- ☐ *Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low- income individuals*

*Third Party Verification (Preferred)*

- ☐ Letter from hotel/motel manager

**AND**

- ☐ Cancelled check, credit card statements made to hotel, OR if paid in cash, letter from hotel/motel manager

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ *Lives in a severely over-crowded unit as defined by US Census Bureau (SRO/efficiency more than 2 people OR 1.5 people per room in larger housing)*

*Third Party Verification (Preferred)*

- ☐ Lease with unit size and number of people in unit

**OR**

- ☐ Unit details from Tax Assessor's Office

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ *Is exiting a publicly funded institution, or system of care*

*Third Party Verification (Preferred)*

- ☐ Discharge paperwork

**OR**

- ☐ Letters from referring provider

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# HOME Income Limits

## 2025 INCOME LIMITS (effective May 1, 2025)

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	\$22,200	\$25,400	\$28,550	\$31,700	\$34,250	\$36,800	\$39,350	\$41,850
VERY LOW-INCOME	(50% AMI)	\$37,000	\$42,250	\$47,550	\$52,800	\$57,050	\$61,250	\$65,550	\$69,700

Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).