

Affirmative Marketing for all Qualifying Populations

The plan at a minimum will include the following:

- A timeline for affirmative marketing and minority outreach efforts.
- Actions that will be taken to promote the inclusion of all persons.
- The names and types of commercial media that will be used to advertise the program.
- Displaying a Fair Housing and Equal Opportunity poster at business location.
- Actions that will be taken to inform and solicit applications from persons who are not likely to apply without special outreach, such as notifying community organizations, places of worship, employment centers, fair housing groups, counseling centers or agencies, etc.

QUALIFIED POPULATIONS

QP 1

HOMELESS

QP-1

Literally Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) A primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); OR

(iii) Exiting an institution where the person resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

SELECT ONE

- ☐ **Homeless:** An individual or family who lacks a fixed regular, and adequate nighttime residence (select one).
 - ☐ Primary nighttime residence that is a public or private place not designed for regular sleeping accommodations for human beings.
 - ☐ Living in an emergency shelter.
 - ☐ Living in an institution where they resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately prior to entering that institution.
 - ☐ Living in a hotel/motel that is paid for by a charitable organization or governmental agency (the Client may qualify as *QP2: At Risk of Homelessness* if they are paying for the hotel themselves).

I certify that the Client / Household listed on this form qualifies for the HOME-ARP Supportive Services program as QP1, that they meet the HOME-ARP Supportive Services eligibility requirements listed above, and that the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

Name

Date

Sign and attach
the adequate
documentation
to prove client
eligibility

QP1: Homeless (at least one of the following)

Third Party Verification (Preferred)

- ☐ A written, dated and signed observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer, **OR**
- ☐ A written, dated and signed referral by another housing or service provider, **OR**
- ☐ Records from the Homeless Management Information System (HMIS) demonstrating enrollment in homeless services program, **OR**
- ☐ Evidence that a **charitable organization** or **governmental entity** is paying for hotel/motel, **OR**
- ☐ For individuals exiting an institution one of the forms of evidence above **AND** discharge paperwork or written/oral referral, dated and signed, from a social worker, case manager, or other appropriate official of the institution which includes start and end times of time residing in institution

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

QP-1

Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that all three of the following criteria are met:

(i) The residence will be lost within 14 days of the date of application for HOME-ARP assistance, **and**

(ii) No subsequent residence has been identified; **and**

(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

MUST MEET ALL 3 TO QUALIFY

- ❑ **Imminent Risk of Homelessness: MUST** meet **ALL** three requirements listed below.
 - ❑ An individual or family who will imminently lose their primary nighttime residence within **14 days** of the date of application for assistance, **AND**
 - ❑ No subsequent residence has been identified, **AND**
 - ❑ Household lacks resources or support networks needed to obtain other permanent housing.

I certify that the Client / Household listed on this form qualifies for the HOME-ARP Supportive Services program as QP1, that they meet the HOME-ARP Supportive Services eligibility requirements listed above, and that the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

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QP1: Homeless

QP1: Imminent Risk of Homeless

Less than **14 days** from losing primary residence **AND** exhibit lack of resources. **MUST** provide documentation for **BOTH** *Timeline* and *Lack of Resources* sections below.

☐ Timeline

Third Party Verification (Preferred)

- ☐ Court eviction documentation or equivalent notice
- ☐ Hotel bill showing that the **household** paid for hotel

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

☐ Lack of Resources

Third Party Verification (Preferred)

- ☐ Letter dated and signed from family member stating they cannot support or house individual or family
- ☐ Records of savings that demonstrate the household is unable to continue paying for hotel/motel for more than 13 days

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

QP-1

Homeless Under Other Statutes

Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition, but who meet all four of the following criteria:

- (i) Are defined as homeless under other federal statutes, **and**
- (ii) Have not had a lease, ownership interest, or occupancy agreement during the prior 60 days, **and**
- (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; **and**
- (iv) Can be expected to continue in this status due to health, disability, trauma history, or two or more barriers to employment

MUST MEET ALL 4 TO QUALIFY

- ❑ **Homeless Under Other Federal Statutes: MUST** meet **ALL** of the requirements below.
 - ❑ Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under the QP1 definition but who are defined as homeless under Section IV.A.1 of [HUD Notice CPD-21-10](#) (see the HOME-ARP Supportive Services Policies & Procedures for more information), **AND**
 - ❑ Have not had a lease, ownership interest, or occupancy agreement in permanent housing in the last **60 days**, immediately prior to applying for assistance; **AND**
 - ❑ Have experienced persistent instability as measured by two or more moves in the last **60 days**; **AND**
 - ❑ Can be expected to continue in such status for an extended period of time due to special needs or barriers (For example: chronic health or mental health conditions, substance addiction, or history of domestic violence or child abuse).

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QP1: Homeless Under Other Federal Statues

Meets “Other Federal Definition” (see the HOME-ARP Supportive Services Policies & Procedures for more information) **AND** have a history of living situation **AND** have special needs or barriers. **MUST** provide documentation for **ALL 3** sections below.

☐ Meets Other Federal Definition

Must provide Third Party Verification. Intake Worker Observation and Self-Certification are not acceptable to meet the “Other” definition.

- ☐ Dated and signed letter that must come from 3rd party responsible for administering the program using the other federal definition of homelessness.

☐ History of Living Situation: Intake Worker Observation is not an acceptable verification for this criterion

Third Party Verification (Preferred)

- ☐ Attempt to seek documentation to support self-certification regarding at least 2 moves and no lease in last 60 days. The attempts must be documented

Self-Certification (when third party verification is unavailable)

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

☐ Presence of Special Needs or Barriers

Third Party Verification (Preferred)

- ☐ Dated and signed documentation from licensed professional regarding disability
- ☐ SSI/SSDI award letter

Intake Worker Observation (when third party verification is unavailable)

- ☐ Intake staff observations of potential two or more barriers as appropriate, dated and signed

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

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

QP 2

AT-RISK OF HOMELESS

QP-2

INDIVIDUALS AND ADULT FAMILIES

An individual or family who:

(i) Has income below 30% of AMI, **and**

(ii) Lacks sufficient resources to prevent immediate homelessness (as described in QP1above), **and**

(iii) Meets **one** of the following conditions:

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

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

(C) 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;

(D) 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;

(E) Lives in a single-room occupancy 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 1.5 people per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the PJ's approved consolidated plan.

MUST MEET ALL 3 TO QUALIFY

- ☐ Less than 30% AMI (**Requires income verification.** See *HOME Income Limits*); **AND**
- ☐ Does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place listed in *QP1: Homeless*; **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.

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, 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

Sign and attach
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Individuals and Adult Families

Meets income requirements **AND** exhibits lack of resources **AND** evidences housing instability according to *Housing Instability Conditions* as outlined at the end of this document. **MUST** provide documentation for **ALL 3** sections below.

- ☐ *Income (less than 30% AMI): Intake Worker Observation is not an acceptable verification for this criterion*

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

- ☐ *Lack of Resources and Support: Intake Worker Observation is not an acceptable verification for this criterion*

Third Party Verification (Preferred)

- ☐ Notice of termination of employment, unemployment compensation statement, bank statement, health-care bill showing arrears

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 prove one or more of the conditions listed in *Housing Instability Conditions* at the end of this form.

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

QP-2

UNACCOMPANIED CHILDREN AND YOUTH

A child or youth who does not qualify as “homeless” under this section but qualifies as homeless under another Federal statute.

Title 42: means individuals who lack a fixed regular and adequate nighttime residence including children and youth who are sharing the housing of other persons due to loss of housing economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters or are abandoned.

MUST MEET TO QUALIFY

- **Unaccompanied Children & Youth:** A child or youth who does not qualify as “homeless” as outlined in *QP1: Homeless*, but qualifies as “homeless” under 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\(b\)\(15\)](#)) (see *HOME-ARP Supportive Services Policies & Procedures* or the listed federal statutes for additional information).

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, 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

Sign and attach
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Unaccompanied Children & Youth

Meets Other Federal Definition **AND** Age. **MUST** provide documentation for **BOTH** sections below.

- ☐ *Other Federal Definition: Third Party Verification is the only acceptable form of verification for this criterion*

Third Party Verification

- ☐ Dated and signed letter that must come from staff at an entity responsible for administering the program using the other federal definition of homelessness

- ☐ *Age*

Third Party Verification (Preferred)

- ☐ School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth.

Self-Certification (when third party is unavailable)

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

QP-2

FAMILIES WITH CHILDREN AND YOUTH

An unaccompanied youth who does not qualify as homeless under the homeless definition but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with them.

725(2) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

MUST MEET TO QUALIFY

- **Families with Children & Youth:** A child or youth who does not qualify as “homeless” under the homeless definition but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)) and the parent(s) or guardian(s) of that child or youth if the parent(s) or guardian(s) live with them. *(see HOME-ARP Supportive Services Policies and procedures or the listed federal statutes for additional information).*

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, 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

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Families with Children & Youth

Meets section 725(2) of the McKinney Vento Homeless Assistance Act AND age AND parent or guardian of child in household requirements. MUST provide documentation for **ALL 3** sections below.

- ☐ *McKinney Vento Homeless Assistance Act: Third Party Verification is the only acceptable form of verification for this criterion*

Third Party Verification

- ☐ Dated and signed letter must come from staff at an entity responsible for administering the program using the federal definition of homelessness under McKinney Vento

- ☐ *Age*

Third Party Verification (Preferred)

- ☐ School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth

Self-Certification (when third party is unavailable)

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

- ☐ *Parent or Guardian of Child(ren) in Household*

Third Party Verification (Preferred)

- ☐ Birth certificate or court document showing custody of child

Self-Certification (when third party is unavailable)

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

QP 3

DOMESTIC VIOLENCE ETC..

QP-3

Domestic Violence

Domestic violence includes felony or misdemeanor crimes of violence committed by one of the following:

- 1) A current or former spouse or intimate partner;**
- 2) A person with whom the victim shares a child;**
- 3) A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;**
- 4) A person who is considered a spouse according to the laws of the participating jurisdiction where HOME-ARP services are being provided;**
- 5) Any other person committing violence against a person who is protected under the domestic or family violence laws in that PJ.**

QP-3

Dating Violence

Dating violence means violence committed by a person:

- 1) Who is or has been in a social relationship of a romantic or intimate nature with the victim, AND**
- 2) The existence of such a relationship is determined based on a consideration of the following factors:**
 - a. The length of the relationship;**
 - b. The type of relationship; and**
 - c. The frequency of interaction between the persons involved.**

QP-3

Sexual Assault/Stalking

Sexual assault means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for their safety or the safety of others; or**
- (2) suffer emotional distress.**

QP-3

Human Trafficking

- **Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or to a minor under 18 years of age**
- **Labor trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.**

MUST MEET TO QUALIFY

- Imminent Risk of Harm - Intake worker should write an oral statement by the Client that they are attempting to flee from domestic violence where there is an imminent risk of harm.

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP3, 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 a written statement that the Client is attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. I understand that I shall only collect minimal information in order to protect the Client.

Name

Date

Sign and attach
the adequate
documentation
to prove client
eligibility

The written documentation need only include the minimum amount of information indicating that the individual or family fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking, and **need not include any additional details** about the conditions that prompted that individual or family to seek assistance.

Threat of Harm Based on Current Living Situation

- ☐ An oral or written statement by the Client seeking assistance, **OR**
- ☐ A written certification by a victim service provider, law enforcement agency, legal assistance provider, pastoral counselor, or an intake worker in any other organization from who the individual or family sought assistance.

Verification of household's eligibility under this qualifying population definition should be trauma-focused and not jeopardize the household's safety.

QP 4

OTHER POPULATIONS

QP-4

Other Families Requiring Services or Housing Assistance To Prevent Homelessness

Other Families Required Services or Housing Assistance to Prevent Homelessness who previously met criteria “homeless” as defined in 24 CFR 91.5 and received time-limited assistance to become housed and are now in need of additional housing assistance or supportive services to avoid becoming “homeless” (as defined in 24 CFR 91.5) again

MUST MEET ALL REQUIREMENTS TO QUALIFY

- ☐ **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.

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

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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

QP-4

Other Populations With The Greatest Risk of Housing Stability

- i. Households' annual income is below 30% AMI and they are experiencing severe cost burden (i.e., paying more than 50% of monthly household income toward housing costs), OR
- ii. Household has an annual income that is less than or equal to 50% of the area median income and they meet one of the following conditions:
 - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - (B) Is living in the home of another because of economic hardship;
 - (C) 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;
 - D) 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;
 - (E) Lives in a single-room occupancy 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 1.5 people per room;
 - (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

MUST MEET ALL REQUIREMENTS TO QUALIFY

- ☐ **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)

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Name

Date

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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

QUESTIONS?