

# INDIVIDUAL ELIGIBILITY FORM

## For the Homeless Prevention & Rapid Re-Housing Program

Date of Assessment: \_\_\_\_\_

Eligibility Information (Please Print)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address, City, State, and Zip Code

\*Head of Household:  Male  Female

Number of Persons in Household: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_  
(Maintain income documentation in client file)

Client Information:

Age: \_\_\_\_\_ Sex:  Male  Female

Disabled:  Yes  No

Ethnicity:  Hispanic  Non-Hispanic

Race:

- White  Black/ African American  Asian
- American Indian/Alaskan Native  Native Hawaiian/ Other Pacific Islander
- American Indian/Alaskan Native/White  Asian and White
- Black/African American and White
- American Indian/Alaskan Native and Black/ African American
- Other Multi-Racial

Household Members:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*I certify that, to the best of my knowledge and belief, all the above and attached information is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated or verified with third parties.

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

Signature: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Note to HPRP Applicants:

In accordance with HPRP regulations, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out the required information completely and accurately.

**For Subrecipient Use**

Is the household income at or below 50% of AMI?

Yes  No

Has the household ever received HPRP assistance before?

Yes  No If so, which agency? \_\_\_\_\_

Homeless Prevention:

Is there a notice to vacate/eviction notice?  Yes  No

Rapid Re-Housing:

Is there adequate homelessness documentation?  Yes  No

Is client approved for HPRP assistance?  Yes  No

Estimated amounts approved per month of assistance:

Rent Assistance \$ \_\_\_\_\_

Security Deposit \$ \_\_\_\_\_

Utility Deposit \$ \_\_\_\_\_

Utility Assistance \$ \_\_\_\_\_

Hotel/Motel Vchr \$ \_\_\_\_\_

Moving \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Authorized by:

Print Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**For HCCSD OHCD Use**

Have the following been completed?

Rent Reasonableness Determination  Yes  No Date \_\_\_\_\_

Lead Visual  Yes  No  N/A Date \_\_\_\_\_

HQS  Yes  No  N/A Date \_\_\_\_\_

CSD OHCD Staff Signature: \_\_\_\_\_

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