

IHCD Participant Eligibility Worksheet for HOME-ARP Supportive Services

Participant Name:
Other Household Members (Optional):

Date Worksheet Completed:
Date Services Began:

HOME-ARP Supportive Services Program Eligibility and Corresponding Documentation:

Check Type:	Eligibility:	Required Documentation	Documentation Attached
	Homeless (QP #1)	1. Verification of homelessness, such as: <ul style="list-style-type: none"> • Signed and dated statement from a caseworker or other third-party (including program staff) verifying participant’s status, • Written referral from ES or TH, or • Written statement of eviction, or • Written documentation from an institution or treatment program stating that the individual has resided there for 90 days or less and was homeless upon entry, or • Self-declaration of homelessness (only if third-party is not available) 	
	At Risk of Homelessness (QP #2)	1. Documentation that the household has an income below 30% AMI, AND 2. Third-party documentation that the household: <ul style="list-style-type: none"> • Has moved because of economic reasons two or more times during the past 60 days, or • Is living in the home of another because of economic hardship, or • Has been notified in writing that their right to occupy their current housing/living situation will be terminated within 21 days after the date of application for assistance, or • Lives in a hotel/motel not paid for by a charitable organization or public program for low-income individuals, or • Lives in a situation traditionally described as “doubled up”, or • Is exiting a publicly funded institution or system of care, or • Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness 	
	Fleeing or Attempting to Flee, Domestic Violence, Dating Violence, Stalking, or Human Trafficking (QP #3)	1. Self-declaration of eligibility <ul style="list-style-type: none"> ○ Household must certify eligibility to receive HOME-ARP Supportive Services under the definition of “Qualifying Population #3” as described in the Administration Manual and HUD Notice CPD-21-10. To maintain confidentiality, IHCD does not request supporting details. 	

We encourage and support the nation’s affirmative housing program in which there are no barriers to obtain housing because of race, color, religion, sex, national origin, handicap, or familial status.



	Other Populations (QP #4)	<p><u>Other Families Requiring Services or Housing Assistance to Prevent Homelessness:</u></p> <ul style="list-style-type: none"> • Verification of previous homelessness (see allowable documentation for homelessness above), AND • Current receipt of housing through temporary or emergency assistance, AND • Third-party documentation that the household is at risk of homelessness (see allowable documentation for QP #2) <p><u>Greatest Risk of Housing Instability:</u></p> <ul style="list-style-type: none"> • Documentation that the household has an annual income that is less than or equal to 30% of the area median income and is paying more than 50% of monthly household income toward housing cost, OR • Documentation that the household has an annual income that is less than or equal to 50% of the area median income <u>AND</u> one of the following: <ul style="list-style-type: none"> ○ Has moved because of economic reasons two or more times during the past 60 days, or ○ Is living in the home of another because of economic hardship, or ○ Has been notified in writing that their right to occupy their current housing/living situation will be terminated within 21 days after the date of application for assistance, or ○ Lives in a hotel/motel not paid for by a charitable organization or public program for low-income individuals, or ○ Lives in a situation traditionally described as “doubled up”, or ○ Is exiting a publicly funded institution or system of care, or ○ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness 	
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Self-Declaration of Eligibility for HOME-ARP Supportive Services:

Head of Household Signature:

Staff Signature:

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