

IHCDA Homelessness Prevention Reassessment and Request for Continuing Assistance

In order to qualify for additional assistance a reassessment after 6 months of assistance should be completed by HUB staff. This will include completing an income review to make sure the client still meets the 50% AMI requirement. Please complete and submit to IHCDA in a message in the Submittable application and send an email to ESG@IHCDA.in.gov including the application name and number. This will alert IHCDA to review the request. The approved form will be entered into Submittable messages. This is where you will be notified of approval.

Client Name:

Intake Application Number (round 1):

Check one:

Client completed 2nd application in portal

HUB has determined additional Assistance is needed

Calculate total household income for all adults in the household 18 or older. Click [here](#) for income inclusions and exclusions guidance. Click [here](#) for AMI limits.

Client's updated AMI:

County AMI Limit:

If the client currently has no income they will need to complete the [zero income affidavit](#) even if it was completed in the initial first round application.

Client's income has:

Increased

Decreased

Stayed the same

What resources and/ or referrals have you provided to the client to help them maintain housing after assistance is terminated?

Please provide a brief description of your assessment of the client's need for additional assistance:

Total estimated dollar amount of additional assistance needed:

Requested By (HUB Staff):

Approved By (IHCDA Staff):