

HPRP Household Eligibility Form

All HPRP households MUST be certified as eligible before they are accepted into the program. Households may not receive any services until eligibility has been established.

Date of Application Into Program: _____ Case manager: _____

Please list the member(s) of this Household:

Adult(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Children (Under 18):

1. _____
2. _____
3. _____
4. _____
5. _____

STATUS

Please check the household's current housing status AND attach the appropriate documentation:

- | | |
|---|--------------------|
| <input type="checkbox"/> Literally Homeless (LH) | Documentation List |
| <input type="checkbox"/> Imminently losing housing (ILH) | 1. _____ |
| <input type="checkbox"/> Unstably Housed and at risk of losing housing (UH) | 2. _____ |
| | 3. _____ |

INCOME

Please check the household's current income status AND attach the appropriate documentation:

- | | |
|---|--------------------|
| <input type="checkbox"/> Household Income at or below 50% AMI | Documentation List |
| <input type="checkbox"/> Household Income above 50% AMI | 1. _____ |
| | 2. _____ |
| | 3. _____ |
| | 4. _____ |

Households with an income that exceeds 50% are no longer eligible to receive ANY HPRP SERVICES. They should be exited out of the program.

RESOURCES

For clients who are receiving ongoing HPRP financial assistance, staff must document their inability to pay for the item. Will they be homeless BUT FOR the HPRP assistance? (example: bank/saving statements, medical bills, etc).

Household HAS NO other housing options, financial resources, or support networks identified.

Documentation List

1. _____

Household HAS other housing options, financial resources, or support networks identified.

2. _____

3. _____

Household agrees to work on the following goals to ensure a stable housing outcome:

1. _____

2. _____

3. _____

Date Enrolled in HMIS:

STAFF CERTIFICATION: (please check one)

Household Eligible

Household Ineligible

If ineligible, please attach the list of community based agencies household was referred to for further support.

HPRP STAFF:

HPRP SUPERVISOR:

DATE: _____

Documentation proving the statements made on this form MUST be attached. Simply filling in this form does not make the household eligible.