

# HPRP Household Recertification Form

HPRP households must be recertified every 90 days. At the end of each review the case manager must attach the new evidence to this form with a decision on whether the household can be reenrolled in the program. It is not acceptable to reattach the evidence from previous eligibility decisions.

Date of Entry Into Program: \_\_\_\_\_ Case manager: \_\_\_\_\_

Number of Months (Including Arrears) Household has Received Assistance: \_\_\_\_\_

Date of Re-Certification Determination: \_\_\_\_\_

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 update 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 update 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 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. \_\_\_\_\_

STAFF CERTIFICATION: (please check one)

Household Eligible

Household Ineligible

If ineligible, please list community based agencies, household can access 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.