

HOUSEHOLD RECERTIFICATION FORM

Households receiving ESG Prevention and Rapid Re-Housing assistance must be recertified every 90 days. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to reattach the evidence from previous eligibility decisions. *NOTE: *Recertification criteria for rapid re-housing and prevention programs are different.*

Client Name: _____

- Client is enrolled in: Prevention Program and must have household income below 30% AMI
 Rapid Re-Housing Program and must have household income at or below 50% AMI
 Rapid Re-Housing for one year and must have household income below 30% AMI

Date of Entry Into Program: _____ Case manager: _____

Number of Months (Including arrears) Household has received assistance: _____

Date of this Re-Certification: _____

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:

- Literally Homeless (LH)
 Imminently losing housing (ILH)
 Unstably Housed and at risk of losing housing (UH)

Documentation List

1. _____
2. _____
3. _____

INCOME

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

- Household Income meets AMI requirements for program
 Household Income does not meet AMI requirements for program

Documentation List

1. _____
2. _____
3. _____

Households with an income that is 30% AMI or higher are no longer eligible to receive ANY ESG SERVICES. They should be discharged from the program.

RESOURCES

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

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

Documentation List

- 1. _____
- 2. _____
- 3. _____

HOUSING STABILITY GOALS

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

- 1. _____
- 2. _____
- 3. _____

STAFF CERTIFICATION: (please check one)

- Household Eligible for additional services
- Household Ineligible

If ineligible, please list community based agencies that household can access for further support.

- 1. _____
- 2. _____
- 3. _____

ESG STAFF: _____ DATE: _____

*Documentation proving the statements made on this form MUST be attached. Simply filling in this form does not make the household eligible. Subsequent recertification forms and evidence should be kept behind this form in client file.