



CLIENT ELIGIBILITY CHECKLIST (Homelessness Prevention activities)

Date	Applicant Name <i>Jane Doe</i>	Interviewed By <i>Your Name Here</i>	Referred By <i>Organization Name</i>
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INCOME VERIFICATION - Family/client current income _____ per _____.

How was it verified? _____

(YES) Supporting documentation is attached.

ELIGIBILITY - If funds are used to assist clients that have received eviction notices or notices of termination of *rent* and/or *utility* services, *all of the* following conditions must be met.

(YES) Supporting documentation is attached (i.e. Eviction Notice, Termination of Employment, Utilities, etc)

<input type="checkbox"/> Inability of the client/family to make the required payment .	<input type="checkbox"/> There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide "TIMETABLE" below.
<input type="checkbox"/> Assistance is necessary to avoid eviction of the client/family or termination of services to the family.	<input type="checkbox"/> The assistance does not supplant funding for preexisting homeless prevention activities from any other sources.
<input type="checkbox"/> Client/family income is eighty percent (80%) or less Area Medium Income (AMI) to sixty	<input type="checkbox"/>

RESUME PAYMENT TIMETABLE/ REFERRALS / COUNSELING - In the section below provide a *reasonable* timetable in which the client will resume their monthly rent or utility payments or if the client is unable to resume payments within a 30-day period, please indicate what *counseling and other services will be* provided to assist the client in becoming self-sufficient.

OTHER COMMENTS

I, Jane Doe, do hereby certify that the answers I have given to the preceding questions are true and accurate.

<u>Jane Doe</u> Applicant Name (Print)	<u>Jane Doe</u> Signature	<u>6/26/2020 8:53AM EST</u> Date
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Staff Member Name (Print)	Signature	Date
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