

# CHHGP Verification of Household Eligibility and Income Recertification

**Instructions:**

**This form is required ONLY when providing:**

- Rent/utility assistance for any length of stay, OR
- Facility Support with a length of stay greater than 90 days.

**This form is NOT required when providing:**

- Bed nights in a congregate living facility for any length of stay, OR
- Facility Support with a length of stay 90 days or less.

<b>Section 1</b>	<b>Client Identification</b>	Enter client name and HMIS Client Identifier. (FYI for non-data integration grantees/sub grantees - the client identifier is the number located in the yellow Active Client Record box.)
<b>Section 2</b>	<b>Housing Status Verification</b>	Complete the section by checking the appropriate box(es). The documentation should be clearly evident in the client file and preferably filed directly after this form.
<b>Section 3</b>	<b>Income Verification and Recertification</b>	Complete the section by checking the appropriate box(es). The documentation should be clearly evident in the client file and preferably filed directly after this form. For recertification enter the date and check the appropriate box(es).
<b>Section 4</b>	<b>Eligible Children Verification</b>	Complete the section by checking the appropriate box. The documentation should be clearly evident in the client file and preferably filed directly after this form.
<b>Section 5</b>	<b>Signature</b>	Sign and date the form.

**Section 1- Client Identification:**

<b>Client Name</b>	
<b>HMIS Client Identifier</b>	

**Section 2 – Housing Status Verification:**

Situation		Required Documentation
Homeless	Unsheltered (place not meant for human habitation)	<input type="checkbox"/> Third party verification  <b>OR</b>  <input type="checkbox"/> Self-declaration signed and dated by applicant stating where they are residing. <u>Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained.</u>

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Homeless	Residing in a temporary housing program	<input type="checkbox"/> Letter signed and dated from the provider of the temporary housing.  <b>OR</b>  <input type="checkbox"/> A telephone call to the provider of temporary housing that is documented, signed, and dated by the case manager making the call  <b>OR</b>  <input type="checkbox"/> Current HMIS record from homeless housing program, including dates of stay  <b>OR</b>  <input type="checkbox"/> Self-declaration signed and dated by applicant stating where they are residing. <u>Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained.</u>
	Exiting a system of care	<input type="checkbox"/> Letter signed and dated by system of care representative. Letter must include: <ul style="list-style-type: none"> <li>a. Statement verifying current stay of household member(s), and</li> <li>b. Indicate household member(s) have no available housing option after exiting</li> </ul>
	Fleeing domestic violence, sexual assault, stalking, etc.	<input type="checkbox"/> Signed and dated self-declaration from individual (complete Self-Declaration form).
At Risk of Becoming Homeless	Losing housing within 14 days	<input type="checkbox"/> Letter signed and dated from the provider of the temporary residence (e.g. homeowner, landlord, motel owner/manager). Letter must include: <ul style="list-style-type: none"> <li>a. Statement verifying the applicant's current living situation, and</li> <li>b. Date when the household must vacate the temporary housing</li> </ul> <b>OR</b>  <input type="checkbox"/> A telephone call to the provider of temporary housing that is documented, signed, and dated by the case manager making the call  <b>OR</b>  <input type="checkbox"/> Self-declaration signed and dated by applicant stating where they are residing. <u>Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained.</u>
	Nonpayment of rent or other lease violation	<input type="checkbox"/> Pay or vacate notice or eviction notice.  <b>AND</b>  <input type="checkbox"/> Copy of lease naming household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit.

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At Risk of Becoming Homeless	Nonpayment of utilities (see program guidelines for eligibility)	<p>Copy of lease naming household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit</p> <p><b>AND</b></p> <p>Utility Shutoff Notice that:</p> <ol style="list-style-type: none"> <li>a. Identifies the household member, and</li> <li>b. Indicates that utility will be shut off or disconnected if payment not received, and</li> <li>c. Is signed and dated by utility company representative and/or includes utility company contact information</li> </ol> <p><b>AND</b></p> <p>A statement from the provider that without CHHGP assistance, the household will lose their housing and become homeless. Staff must first check that LIHEAP or other utility assistance is not available.</p>
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**Section 3 - Income Verification and Recertification** (all adult household members). Check the box for appropriate documentation at entry and recertification. Enter recertification date as applicable.

Type of Income	Entry	Recert Date:	Recert Date:	Recert Date:	Required Documentation
Wages and Salary Income					Copy of most recent pay stub(s).
					<b>OR</b> Dated mail, fax, or email verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation.
					<b>OR</b> Oral verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).
					<b>OR</b> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification.  Self-declaration for HEN households can be obtained through telephone or email.

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Self Employment and Business Income					Copy of most recent federal and state tax return. <b>OR</b>
					Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification. Self-declaration for HEN households can be obtained through telephone or email.
Interest and Dividend Income					Copy of most recent interest or dividend income statement. <b>OR</b>
					Copy of most recent federal and state tax return. <b>OR</b>
					Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification. Self-declaration for HEN households can be obtained through telephone or email.
Pension/ Retirement Income					Copy of most recent payment statement, benefit notice from Social Security, pension provider or other source. <b>OR</b>
					Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount.
					<b>OR</b> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).
					<b>OR</b> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification. Self-declaration for HEN households can be obtained through telephone or email.
Unemployment and Disability Income					Copy of most recent payment statement or benefit notice. <b>OR</b>
					Dated mail, fax, or email verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount.
					<b>OR</b> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).

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					<p><b>OR</b></p> <p>Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification.</p> <p>Self-declaration for HEN households can be obtained through telephone or email.</p>
TANF/ Public Assistance					<p>Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS).</p>
					<p><b>OR</b></p> <p>Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).</p>
					<p><b>OR</b></p> <p>Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification.</p>
Alimony, Child Support, Foster Care Payments					<p>Copy of most recent payment statement, notices, or orders.</p>
					<p><b>OR</b></p> <p>Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.</p>
					<p><b>OR</b></p> <p>Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).</p>
					<p><b>OR</b></p> <p>Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification.</p> <p>Self-declaration for HEN households can be obtained through telephone or email.</p>
Armed Forces Income					<p>Copy of pay stubs, payment statement, or other government issued statement indicating income amount.</p>
					<p><b>OR</b></p> <p>Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.</p>
					<p><b>OR</b></p> <p>Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).</p> <p><b>OR</b></p> <p>Self-declaration signed and dated by applicant that includes source of</p>

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					income, income amount, and frequency of income (complete Self-Declaration form). Case manager must document attempts to obtain written and oral verification. Self-declaration for HEN households can be obtained through telephone or email.
No Income					Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). Self-declaration for HEN households can be obtained through telephone or email.

**Section 4 - Eligible Children Verification:**

**Section 5 – Signature:**

Name of person completing form	
Date form completed	

Eligible Children Status	Visual Verification	Oral Verification (Complete Third Party Oral Verification form)	Written Verification Attach written documentation produced by third- party or document such as legal proof of emancipation, birth certificate, D.O.L. ID card, court document, high school documentation, etc. <i>(Note: Social Security cards are not acceptable documentation since they do not indicate age.)</i>
Children under 18 or pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult children ages 18-20 living at home		<input type="checkbox"/>	<input type="checkbox"/>
Temporarily absent youth		<input type="checkbox"/>	<input type="checkbox"/>
Emancipated Youth		<input type="checkbox"/>	<input type="checkbox"/>