



## City of Spokane Homeless Housing Operations and Services Grant Verification of Household Eligibility and Income Recertification

Complete only the applicable sections you need for each client file.

<b>Section 1</b>	<b>Client Identification</b>	Enter client name, date, and HMIS Client Identifier.
<b>Section 2</b>	<b>Housing Status Verification</b>	Check the appropriate box and include the documentation in the client file.  <i>Households entering emergency shelter are exempt from housing status requirements.</i>
<b>Section 3</b>	<b>Income Verification and Recertification</b>	Enter the program entry and recertification dates at the top of the page. Check the appropriate box(es) and include the documentation in the client file.  <i>See Section 4.3 Income Eligibility for when documentation is required.</i>
<b>Section 4</b>	<b>Documentation of No Subsequent Residence and Insufficient Resources/Support Networks</b>	Describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified.  <i>Required for households at imminent risk of homelessness.</i>
<b>Section 5</b>	<b>Documentation of a Disability</b>	Check the appropriate box and include the documentation in the client file.  <i>Required for permanent supportive housing for a household member.</i>

**City of Spokane Homeless Housing Operations and Services Grant  
Verification of Household Eligibility and Income Recertification**

**Section 1- Client Identification:**

Client Name	
HMIS Client Identifier	
Date	

**Section 2 – Housing Status Verification:**

Situation		Required Documentation
<b>Homeless</b>  <i>(Completion of Section 5 is also required for PSH clients only)</i>	Unsheltered (place not meant for human habitation)	<input type="checkbox"/> Third party verification, including outreach workers <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant stating what type of place they were staying the night before.
	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.
	Exiting a system of care and previously homeless	<input type="checkbox"/> Letter signed and dated by system of care representative. Letter must include: a statement verifying current stay of household member(s), and must indicate household member(s) have no available housing option after exiting and that household was homeless prior to entering the system of care
	Fleeing domestic violence, sexual assault, stalking, etc.	<input type="checkbox"/> Signed and dated self-declaration by applicant (complete Self-Declaration form).
<b>At Imminent Risk of Homelessness-Losing Housing Within 14 Days</b>  <i>(Completion of Section 4 is also required)</i>	Staying with friends/family or hotel/motel	<input type="checkbox"/> Letter signed and dated from the provider of the temporary residence. 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"/> Copy of Certification of Payment Obligation/Potential Eviction for Friend/Family form. <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>
	Renting	<input type="checkbox"/> Written and signed notice from the landlord that includes the date when the household must vacate within 14 days. <b>AND</b> Copy of lease naming household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit.
	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>

**Section 3 – HEN Referral, TANF Enrollment, and Income Verification and Recertification** (*all adult household members*).  
 Enter the program entry or recertification date, as applicable. Check the box for valid documentation at entry and recertification.

For HEN and TANF households:

Type of	Entry Date:	Recert Date:	Recert Date:	Recert Date:	Required Documentation
HEN Referral					Department of Social and Health Services (DSHS) Benefits Verification System (BVS).
TANF Enrollment					Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS).

For all non-HEN and non-TANF households:

Type of Income	Entry Date:	Recert Date:	Recert Date:	Recert Date:	Required Documentation
No Income					Self-declaration signed and dated by applicant (complete Self-Declaration form).
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).
					<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). <i>Case manager must document attempts to obtain written and oral verification.</i>
Self Employment and Business Income					Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement. <b>OR</b> Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form).
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.
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).

**Section 3 - Income Verification and Recertification CONTINUED** (all adult household members). Enter the program entry or recertification date, as applicable. Check the box for valid documentation at entry and recertification.

Type of Income	Entry Date:	Recert Date:	Recert Date:	Recert Date:	Required Documentation
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. ).
TANF/ Public Assistance					Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS). <b>OR</b>
					Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).
Alimony, Child Support, Foster Care Payments					Copy of most recent payment statement, notices, or orders. <b>OR</b>
					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. <b>OR</b>
					Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form). <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). <i>Case manager must document attempts to obtain written and oral verification.</i>
Armed Forces Income					Copy of pay stubs, payment statement, or other government issued statement indicating income amount. <b>OR</b>
					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. <b>OR</b>
					Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).
Student Financial Aid					Copy of student financial assistance award letter or other educational institution issued statement indicating amounts. <b>OR</b>
					Dated mail, fax, or email verification from financial aid office 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).

**Section 4 – Documentation of No Subsequent Residence and Insufficient Resources/Support Networks** *(required for households at imminent risk of homelessness). This requirement is in addition to housing status documentation.*

Please describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified.	
Client Signature	
Caseworker Signature	
Date	

**Section 5 – Documentation of a Disability** *(required for permanent supportive housing for a household member). This requirement is in addition to housing status documentation.*

<b>Permanent Supportive Housing Required Documentation</b>	
One of the following:	
<input type="checkbox"/>	Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently.
<input type="checkbox"/>	Written verification from the Social Security Administration.
<input type="checkbox"/>	Disability check receipt (Social Security Disability Insurance check or Veteran Disability Compensation).
<input type="checkbox"/>	Other documentation approved by Commerce, describe: _____
<input type="checkbox"/>	Program staff observation of disability. And one of the required documentations (listed above) must be obtained within 45 days of program enrollment. <input type="checkbox"/> Documentation obtained. Type: _____ Date: _____