



Homeless Housing Operations and Services Verification of Household Eligibility and Income Recertification Form

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

Section 1	Client Identification	Enter client name, date, and HMIS Client Identifier.
Section 2	Housing Status Verification	Check the appropriate box and include the documentation in the client file. <i>Households entering emergency shelter are exempt from housing status requirements.</i>
Section 3	Income Verification and Recertification	Enter the program entry and recertification dates. Check the appropriate box(es) and include the documentation in the client file. <i>See Section 5.5 Income Eligibility for when documentation is required.</i>
Section 4	Documentation of No Subsequent Residence and Insufficient Resources/Support Networks	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>
Section 5	Documentation of a Disability	Check the appropriate box and include the documentation in the client file. <i>Required for permanent supportive housing.</i>

**Consolidated Homeless 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
Homeless <i>(Completion of Section 5 is also required for PSH clients only)</i>	Unsheltered (place not meant for human habitation)	<input type="checkbox"/> Letter signed by an outreach worker stating what type of place the applicant was staying the night before. OR <input type="checkbox"/> Letter signed from a community member indicating when and where they physically observed the applicant residing/living the night before. If the community member is unwilling to provide a written observation, a Third Party Verbal Verification form may be completed, signed, and dated by a case manager to collect the information. OR <input type="checkbox"/> Self-declaration signed and dated by applicant stating what type of place they were staying the night before. (complete Self-Declaration form)
	Residing in a temporary housing program	<input type="checkbox"/> Letter signed and dated from the provider of the temporary housing. OR <input type="checkbox"/> A telephone call to the provider of temporary housing that is documented on the Third Party Verbal Verification form and is signed and dated by the case manager making the call. OR <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), 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"/> Self-declaration signed and dated by applicant. (complete Self-Declaration form)
At Imminent Risk of Homelessness-Losing Housing Within 14 Days <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: a statement verifying the applicant’s current living situation, and date when the household must vacate the temporary housing. OR <input type="checkbox"/> Copy of Certification of Payment Obligation/Potential Eviction for Friend/Family form. OR <input type="checkbox"/> A telephone call to the provider of temporary housing that is documented on the Third Party Verbal Verification form and is signed and dated by the case manager making the call. OR <input type="checkbox"/> Self-declaration signed and dated by applicant stating where they are residing. (complete Self-Declaration form) <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. AND <input type="checkbox"/> 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: a statement verifying current stay of household member(s), and indicate household member(s) have no available housing option after exiting.

<p>Chronically Homeless</p> <p><i>Chronically homeless is homeless continuously for at least 12 months or on at least 4 separate occasions* in the last 3 years where the combined occasions must total at least 12 months. *Each separate occasion MUST be documented (minimum of 3 breaks). 100% of the breaks can be documented by self-declaration/attestation.</i></p> <p><i>(Completion of Section 5 is also required for PSH clients only)</i></p>	Place not meant for human habitation	<input type="checkbox"/> Letter signed by an outreach worker stating the conditions and the duration/frequency of where the individual has been living. OR <input type="checkbox"/> Letter signed from a community member indicating which specific months and where they physically observed the individual or head of household residing/living. If the community member is unwilling to provide a written observation, a Third Party Verbal Verification Form may be completed, signed and dated by a case manager to collect the information. OR <input type="checkbox"/> When the evidence above is unavailable, there must be: <ul style="list-style-type: none"> a. A self-declaration/attestation signed and dated by applicant (complete Self-Declaration form), and b. The intake worker's written documentation of the living situation and duration/frequency and the steps taken to obtain the standard evidence above.
	Residing in an Emergency Shelter	<input type="checkbox"/> Letter signed from the provider of the temporary housing provider documenting duration/frequency of homelessness. OR <input type="checkbox"/> HMIS record(s), including dates of stay. OR <input type="checkbox"/> When the evidence above is unavailable, there must be: <ul style="list-style-type: none"> a. A self-declaration/attestation signed and dated by applicant (complete Self-Declaration form), and b. The intake worker's written documentation of the living situation and duration/frequency and the steps taken to obtain the standard evidence above.
	Institutional stays of less than 90 days and were in Emergency Shelter/street immediately prior	<input type="checkbox"/> Discharge paperwork with start/end dates of client's stay. OR <input type="checkbox"/> Letter signed from a social worker or appropriate official of the institutional facility, including: <ul style="list-style-type: none"> a. Start/end dates of client's stay, and b. Indicate that household was homeless prior to entering the system of care. OR <input type="checkbox"/> When the evidence above is unavailable, there must be: <ul style="list-style-type: none"> a. A self-declaration/attestation signed and dated by applicant (complete Self-Declaration form), and b. The intake worker's written documentation of the living situation and duration/frequency and the steps taken to obtain the standard evidence above.

Section 3 – HEN Referral, General Assistance enrollment (ABD recipient) 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 households:

Type of	Entry Date:	Recert Date:	Recert Date:	Recert Date:	Required Documentation
HEN Referral or General Assistance enrollment (ABD recipient)					Department of Social and Health Services (DSHS) Benefits Verification System (BVS).

For all non-HEN 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). OR 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. OR Verbal 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 Verbal Verification form). OR 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 verbal 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. OR 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. OR 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. OR Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount. OR Verbal verification from source that includes name of income source and income amount (complete Third Party Verbal 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. OR
					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. OR
					Verbal verification from source that includes name of income source, income amount, and frequency of income (complete Third Party Verbal 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). OR
					Verbal verification from source that includes name of income source, income amount, and frequency of income (complete Third Party Verbal Verification form).
Alimony, Child Support, Foster Care Payments					Copy of most recent payment statement, notices, or orders. OR
					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. OR
					Verbal verification from source that includes name of income source, income amount, and frequency of income (complete Third Party Verbal Verification form). OR
					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 verbal verification.</i>
Armed Forces Income					Copy of pay stubs, payment statement, or other government issued statement indicating income amount. OR
					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. OR
					Verbal verification from source that includes name of income source, income amount, and frequency of income (complete Third Party Verbal Verification form).
Student Financial Aid					Copy of student financial assistance award letter or other educational institution issued statement indicating amounts. OR
					Dated mail, fax, or email verification from financial aid office or other source that includes name of income source and income amount. OR
					Verbal verification from source that includes name of income source, income amount, and frequency of income (complete Third Party Verbal 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	
Case manager Signature	
Date	

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

Permanent Supportive Housing Required Documentation	
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: _____