

Program Participant Name	Date
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This form must be completed for each program participant upon the determination of his or eligibility for Emergency Solutions Grant (ESG), North Dakota Homeless Grant (NDHG) or HOME-ARP assistance. This form must be signed and dated by the staff person who makes this determination and kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, at which time a new affidavit is required.

Based on an initial evaluation, I have determined that the program participant and their dependent household members are eligible for the following forms of assistance to regain stability in permanent housing.

<input type="checkbox"/> Emergency Shelter – Essential Services	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> McKinney-Vento
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### PROVIDED RESOURCES

<input type="checkbox"/> Short-Term Rental Assistance	
Number of Months	Amount Per Month
<input type="checkbox"/> Medium-Term Rental Assistance	
Number of Months	Amount Per Month
<input type="checkbox"/> Rental Arrears	
Number of Months	Cost
<input type="checkbox"/> Legal Fees	
Cost	
<input type="checkbox"/> Utility Arrears	
Number of Months	Cost
<input type="checkbox"/> Monthly Utility Payments	
Number of Months	Cost

### FINANCIAL ASSISTANCE

<input type="checkbox"/> Rental Application Fee \$	<input type="checkbox"/> Security Deposit \$	<input type="checkbox"/> First and Last Month's Rent \$
<input type="checkbox"/> Last Month's Rent \$	<input type="checkbox"/> Utility Deposit \$	<input type="checkbox"/> Moving Costs \$

### OTHER TYPES OF SERVICE PROVIDED (Check all that apply)

<input type="checkbox"/> Housing Stability Case Management	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Mediation	<input type="checkbox"/> Substance Abuse Treatment Services
<input type="checkbox"/> Childcare	<input type="checkbox"/> Case Management
<input type="checkbox"/> Health Services	<input type="checkbox"/> Credit Repair

<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Employment Assistance/Job Training
<input type="checkbox"/> Housing Search and Placement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Services for Special Populations
<input type="checkbox"/> Education Services	<input type="checkbox"/> Landlord/Tenant Liaison
Other	

<p>If other services provided are not funded by ESG/NDHG/HOME-ARP, specify funding sources used.</p>   
<p>In addition, I referred/ assisted the client in accessing the following mainstream benefits:</p>   

This form serves as documentation that:

- The program participant(s) named meets all eligibility criteria for ESG, NDHG or HOME-ARP assistance.
- This eligibility determination is based on true and complete information.
- Neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and
- This eligibility has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

## REQUIRED CERTIFICATIONS

The person signing below certifies to the following:

- To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the ESG, NDHG or HOME-ARP program.
- To the best of my knowledge and ability, all the information used in making this eligibility determination is true and complete.
- I am not related to the program participant through family, business, or other personal ties.
- To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination.
- I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to [18 U.S.C. 1001](#) and [18 U.S.C. 641](#);
- I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties, and sanctions.

Signature	
Print Staff Name	Date