

HOME-ARP Household Name	Date
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Check only one category and complete only that section.

**QUALIFYING POPULATION 1 (QP 1) HOMELESS**

**A. LITERALLY HOMELESS**

<input type="checkbox"/> Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: Has a primary nighttime residence that is a public or private place not meant for human habitation; or Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).
<b>To certify homeless status for the above, must provide documentation of 1 of the following:</b> <input type="checkbox"/> Written observation by the outreach worker; or <input type="checkbox"/> Written referral by another housing or service provider; or <input type="checkbox"/> Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter (SFN 60319).
<input type="checkbox"/> Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
<b>Documentation must include one of the above forms of evidence AND 1 of the following.</b> <input type="checkbox"/> Discharge paperwork or written/oral referral; or <input type="checkbox"/> Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution (SFN 60319).

**B. IMMINENT RISK OF HOMELESSNESS**

<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence, provided that: Residence will be lost within 14 days of the date of application for homeless assistance; No subsequent residence has been identified; and The individual or family lacks the resources or support networks needed to obtain other permanent housing.
<b>Documentation must include 1 of the following:</b> <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave; <input type="checkbox"/> For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay (SFN 60319); <input type="checkbox"/> A documented and verified oral statement.
<b>In addition to 1 of the above, documentation must include BOTH of the following:</b> <input type="checkbox"/> Certification that no subsequent residence has been identified (SFN 60319); AND <input type="checkbox"/> Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing (SFN 60319).

**C. HOMELESS UNDER OTHER FEDERAL STATUTES**

<input type="checkbox"/> Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: Are defined as homeless under the other listed federal statutes; Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application. Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; and Can be expected to continue in such status for an extended period due to special needs or barriers.
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**Documentation must include all the following:**

- ☐ Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and
- ☐ Certification of no public housing in the last 60 days; and
- ☐ Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved 2 or more times in the past 60 days; and
- ☐ Documentation of special needs or 2 or more barriers.

**QUALIFYING POPULATION 2 (QP 2) AT-RISK OF HOMELESSNESS**

**A. AN INDIVIDUAL OR FAMILY**

Must have income 30% below AMI, lack sufficient resources and meet one of the following risk factors:

- ☐ Has an annual income below 30% of AMI (must have documentation of income eligibility) AND
- ☐ Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self-Certification SFN 60319) supported by other documentation when practical such as termination notice, unemployment compensation statement, healthcare/utility bill showing arrears)

**AND meets one of the following risk factors with acceptable documentation.**

- ☐ Risk 1: Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance.

**Must document the following 2 criteria:**

- ☐ Housing history must demonstrate two or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (intake observation not appropriate); and
- ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 2: Living in the home of another because of economic hardship.

**Must document the following 2 criteria:**

- ☐ Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (intake observation not appropriate); and
- ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 3: Housing loss within 21 days – has been notified their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third-party source/written is appropriate.

**Must document the following 2 criteria:**

- ☐ If tenant/homeowner: eviction notice, court order to leave within 21 days; or
- ☐ If living with another (doubled up): eviction letter from tenant/homeowner.

- ☐ Risk 4: Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals.

**Must document the following 2 criteria:**

- ☐ Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; and
- ☐ Costs have not been covered by charitable organization or government program: documentation – cancelled check.

- ☐ Risk 5: Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room.

**Must document the following:**

- ☐ Number of rooms in unit AND number of individuals living in unit: documentation may include lease, unit details from Tax Assessor's Office, intake observation.

☐ Risk 6: Exiting publicly funded institution or system of care.

**Must document the following:**

☐ Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

☐ Risk 7: Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community.

**Documentation must include:**

☐ Self-certification (SFN 60319) or other written documentation describing the circumstances and that the individual or family lacks resources and support networks to obtain other permanent housing

## **B. UNACCOMPANIED CHILDREN AND YOUTH**

☐ A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

**Must document the following:**

☐ Verification of Homeless Status must be provided by agency administering applicable Federal program: documentation must be Third Party – Written ONLY; Certification of homeless status (letter or standardized form)

## **C. FAMILIES WITH CHILDREN AND YOUTH**

☐ An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or that child or youth if living with him or her.

**Must document the following:**

☐ Third Party – Written ONLY; must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program AND must confirm family/guardian is residing with children/youth.

## **QUALIFYING POPULATION 3 (QP 3): FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE**

☐ Any individual or family who:  
Is fleeing, or is attempting to flee, domestic violence;  
Has no other residence; and  
Lacks the resources or support networks to obtain other permanent housing.

**Documentation required:**

For victim service providers:

☐ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification (Form No. 5) or a certification by the intake worker.

For non-victim service provider (must document all of the following):

☐ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification (SFN 60319) or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and

☐ Certification by the individual or head of household that no subsequent residence has been identified (SFN 60319); and

☐ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing (SFN 60319).

## QUALIFYING POPULATION 4 (QP-4): OTHER POPULATIONS

### A. OTHER FAMILIES REQUIRING SERVICES OR HOUSING ASSISTANCE TO PREVENT HOMELESSNESS

- ☐ Other Families Requiring Services or Housing Assistance to Prevent Homelessness who previously met criteria "homeless" as defined in 24 CFR 91.5; and
- ☐ Received time-limited assistance to become housed; and
- ☐ Are now in need of additional housing assistance or supportive services to avoid becoming "homeless".

### B. OTHER POPULATIONS WITH THE GREATEST RISK OF HOUSING INSTABILITY AN INDIVIDUAL OR FAMILY

#### B1.

- ☐ Has an annual income below 30% of AMI (must have documentation of income eligibility) AND they are experiencing severe cost burden (paying more than 50% of monthly household income towards housing costs)
- ☐ Provide income verification worksheet and proof of housing costs

#### B2.

- ☐ Has an annual income at or below 50% AMI (must have documentation of income eligibility) **AND** meets ONE of the following **risk factors**.

- ☐ Risk 1: Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance.

#### Must document the following 2 criteria:

- ☐ Housing history must demonstrate two or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (intake observation not appropriate); and
- ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 2: Living in the home of another because of economic hardship.

#### Must document the following 2 criteria:

- ☐ Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (intake observation not appropriate); and
- ☐ Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- ☐ Risk 3: Housing loss within 21 days – has been notified their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third-party source/written is appropriate.

#### Must document 1 of the following criteria:

- ☐ If tenant/homeowner: eviction notice, court order to leave within 21 days; or
- ☐ If living with another (doubled up): eviction letter from tenant/homeowner.

- ☐ Risk 4: Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals.

#### Must document the following 2 criteria:

- ☐ Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; and
- ☐ Costs have not been covered by charitable organization or government program: documentation – cancelled check.

- ☐ Risk 5: Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room.

#### Must document the following:

- ☐ Number of rooms in unit AND number of individuals living in unit: documentation may include lease, unit details from Tax Assessor's Office, intake observation

☐ Risk 6: Exiting publicly funded institution or system of care

**Must document the following:**

☐ Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

☐ Risk 7: Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community.

**Documentation must include:**

☐ Self-certification (SFN 60319) or other written documentation describing the circumstances and that the individual or family lacks resources and support networks to obtain other permanent housing.

Intake Staff Signature

Date