

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

Back@Home Head of Household Name: _____

ELIGIBILITY & DOCUMENTATION CHECKLIST – Rehousing Agency staff complete Participant Eligibility and Documentation Checklist with head of household to determine eligibility.

COMPLETED CHECKLIST

All three boxes of this section must be checked after completing this packet for a household to be eligible

Eligibility Condition 1: Disaster Impact Status

- Living in disaster declared county (**DOCUMENTATION REQUIRED AT ENROLLMENT**)

Eligibility Condition 2: Very Low Income

- At or below 50% Area Median Income (**DOCUMENTATION REQUIRED WITHIN 30 DAYS OF ENROLLMENT**)

Eligibility Condition 3: Housing Status

- Precariously housed or literally homeless (**DOCUMENTATION REQUIRED WITHIN 30 DAYS OF ENROLLMENT**)

Must have **lived in a disaster county** to be eligible and at least **one supporting document must be filed to verify the county of residency**

ELIGIBILITY CONDITION 1: DISASTER IMPACT STATUS – The head of the household must have been living in one of the 28 disaster declared counties at the time of Hurricane Florence's impact (9/11-9/16).

The 28 disaster counties are: Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Wayne, Wilson

Head of Household lived in a disaster declared county at the time of Hurricane Florence's impact

Document Verification:

- Medical Record
- Utility Bill
- FEMA Letter
- Paystub
- Bank Statement
- Lease or Sublease
- ID with address
- Child's School Records
- Child's Daycare Records
- HMIS Documentation of Shelter Stay
- Jail/Prison documentation
- Other official 3rd party record with name, address, and date

-- OR --

Written Third Party Verification:

- Family or Friend Letter
- Employer Verification Letter
- Service provider Letter

-- OR --

Self-Declaration: HoH self-declaration of residence; **AND**

- Written explanation** by Rehousing Agency staff of attempts to secure third party (written or oral) verification

YES

NO

2.28.2019

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

<p>Must be below 50% AMI to be eligible and at least one supporting document filed for each "Yes" below (self-certification okay for non-liquid assets valued below \$5000)</p>	<p>ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS – Total household income is at or below 50% Area Median Income.</p> <p>To determine 50% of AMI, use: https://www.huduser.gov/portal/datasets/il/il18/Section8-IncomeLimits-FY18.pdf. "Income Calculation Worksheet"</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>WAGES & SALARY</p> <p><input type="checkbox"/> Written Third Party: Copy of most recent paystub(s) OR Verification of Income Form from employer</p> <p>-- OR --</p> <p><input type="checkbox"/> Oral Third Party: Verification of Income Form or other case file record of income information obtained verbally by Rehousing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>SELF EMPLOYMENT/BUSINESS INCOME</p> <p><input type="checkbox"/> Written Third Party: Copy of most recent federal or state tax return showing net business income</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to <u>secure</u> third party (written or oral) verification</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>INTEREST & DIVIDEND INCOME <u>(Third-party verification required only if valued greater than \$5,000)</u></p> <p><input type="checkbox"/> Written Third Party: Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>INCOME FROM ASSETS <u>(Third-party verification required only if valued greater than \$5,000)</u></p> <p><input type="checkbox"/> Written Third Party: Copy of most recent value of assets</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

<p>Must be below 50% AMI to be eligible and at least one supporting document filed for each "yes" below (self-certification okay for non-liquid assets valued below \$5000)</p>	<p>ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS – Total household income is at or below 50% Area Median Income.</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>PENSION/RETIREMENT INCOME</p> <p><input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> Oral Third Party: Other case file record of income information obtained by Rehousing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>UNEMPLOYMENT & DISABILITY INCOME</p> <p><input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> Oral Third Party: Other case file record of income information obtained by Rehousing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>ALIMONY, CHILD SUPPORT AND FOSTER CARE INCOME</p> <p><input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR court order OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> Oral Third Party: Other case file record of income information obtained by Rehousing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND;</p> <p style="padding-left: 40px;"><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification</p>

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

Must be below 50% AMI to be eligible and at least one supporting document filed for each "yes" below	ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS – Total household income is at or below 50% Area Median Income.
<input type="checkbox"/> YES <input type="checkbox"/> NO	TANF/PUBLIC ASSISTANCE <input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement -- OR -- <input type="checkbox"/> Oral Third Party: Other case file record of income information obtained by Rehousing Agency staff -- OR -- <input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND; <input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARMED FORCES INCOME <input type="checkbox"/> Written Third Party: Copy of most recent paystub(s) OR other written from employer -- OR -- <input type="checkbox"/> Oral Third Party: Other case file record of income information obtained by Rehousing Agency staff -- OR -- <input type="checkbox"/> Self-Declaration: Veteran family "Self-Declaration of Income" form (<u>Exhibit K</u> in Program Guide); AND; <input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party (written or oral) verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	NO INCOME <input type="checkbox"/> Self-Declaration: HoH self-declaration of income AND; <input type="checkbox"/> Written explanation by Rehousing Agency staff for using self-declaration

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

ELIGIBILITY CONDITION 3: Housing Status – The head of household is precariously housed or literally homeless.

Is this the HoH's current housing situation?
Must have at least one supporting document filed for each "Yes" below

Precariously Housed Household is in temporary housing and has no other housing option identified

- Temporary Housing Situations:
- Hotel/Motel
 - Living with family or friends

YES

NO

HOTEL/MOTEL PAID FOR BY HOUSEHOLD

1. HOUSEHOLDS LACKS RESOURCES TO CONTINUE TO PAY FOR HOTEL/MOTEL

Income Verification AND;

Verification of hotel/motel rate

2. EVICTED BY MANAGEMENT FROM HOTEL/MOTEL

Written Third Party: Copy of eviction notice or letter indicating request to leave (typed or handwritten) from hotel/motel management

-- OR --

Oral Third Party: Verbal verification of request to leave documented by Rehousing Agency staff. Include date of conversation and person verifying tenancy termination.

-- OR --

Self-Declaration: HoH "Self-Declaration of Housing Status" **AND;**

Written explanation by Rehousing Agency staff of attempts to secure third party verification

YES

NO

HOTEL/MOTEL PAID FOR BY NON-PROFIT AGENCY

1. HOTEL/MOTEL PAID FOR BY NON-PROFIT HOMELESS SERVICE PROVIDER (EMERGENCY SHELTER VOUCHER)

Written Third Party: HMIS record of hotel stay OR Homeless Service Provider Homeless Verification Letter

-- OR --

Self-Declaration: Head of household self-declaration of literal homelessness **AND;**

Written explanation by Rehousing Agency staff of attempts to secure third party verification

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><u>Temporarily Living with Family/Friends</u></p> <p>1. <u>POTENTIAL HOUSING LOSS DUE TO EVICTION (REQUEST TO LEAVE) BY HOST FRIEND OR FAMILY OR EVICTION OF HOST FRIEND/FAMILY</u></p> <p><input type="checkbox"/> Written Third Party: Copy of eviction notice or letter indicating request to leave (typed or handwritten) from host friend or family</p> <p>-- OR --</p> <p><input type="checkbox"/> Oral Third Party: Verbal verification of request to leave documented by Rehousing Agency staff. Include date of conversation and person verifying tenancy termination.</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: HoH "Self-Declaration of Housing Status" AND;</p> <p><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party verification</p> <p>-- OR --</p> <p>2. <u>POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY</u></p> <p><input type="checkbox"/> Written Third Party: Copy of foreclosure notice from landlord/owner or other public record/publication</p> <p>-- OR --</p> <p>3. <u>POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS</u></p> <p><input type="checkbox"/> Written Third Party: Copy of notice from landlord/property manager, public health, code</p>
<p>Is this the HoH's current housing situation? Must have at least one supporting document filed for each "Yes" below</p>	<p>Literal Homelessness</p> <p>Literal homeless situations:</p> <ul style="list-style-type: none"> • Unsheltered • Place not meant for human habitation or in housing made uninhabitable by Hurricane Florence • Emergency shelter/transitional housing
	<p>Unsheltered</p> <p><input type="checkbox"/> Written Third Party: Homeless Letter OR homeless street outreach provider or referral source letter</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: Head of household self-declaration of literal homelessness AND;</p> <p><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party verification</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>PLACE NOT MEANT FOR HUMAN HABITATION</p> <p>1. Abandoned building, warehouse, storage unit or other structure not meant for human habitation</p> <p><input type="checkbox"/> Written Third Party: Homeless Letter OR homeless street outreach provider or referral source letter</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: Head of household self-declaration of literal homelessness AND;</p> <p><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party verification</p> <p>2. Housing made uninhabitable by Hurricane Florence</p> <p><input type="checkbox"/> Written Third Party: Copy of notice from landlord/property manager, public health, code enforcement or failed habitability inspection</p>

Back@Home Participant Eligibility and Documentation Checklist

2.28.19

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>EMERGENCY SHELTER or TRANSITIONAL HOUSING</p> <p><input type="checkbox"/> Written Third Party: HMIS record of shelter stay OR Homeless Service Provider Homeless Verification Letter OR emergency shelter provider letter</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: Head of household self-declaration of literal homelessness AND;</p> <p><input type="checkbox"/> Written explanation by Rehousing Agency staff of attempts to secure third party verification</p>
<p>Must have at least one supporting document filed for a "Yes" below</p>	<p>Other Housing Options and Resources</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>NO OTHER RESIDENCE <u>(If the HoH has a residence, approval will be required by a Back@Home Project Manager to proceed with an enrollment. Contact your supervisor for assistance.)</u></p> <p><input type="checkbox"/> Self-Declaration: Description of lack of other housing options as recorded in case file documentation (e.g., case notes)</p> <p>-- AND --</p> <p>Brief, written description by Rehousing Agency staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness</p>