HUD Household Recertification Form

Households receiving HUD Prevention and Rapid Re-Housing assistance must be recertified every 90 days. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program and place all documentation in HMIS. It is not acceptable to reattach the evidence from previous eligibility certifications.

Participant Name and HMIS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer is enrolled in: □ESG Prevention Project and must have household income below 30% AMI

□ESG Rapid Rehousing Project and must have household income below 30% AMI (90 day eligibility determination)

□ESG Rapid Rehousing Project and must have household income below 30% AMI (Annual Certification)

□HUD Rapid Rehousing Project (Annual Certification)

Date of Entry into Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Months (Including arrears) Household has received assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of this Re-Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Members in this Household:

|  |  |  |
| --- | --- | --- |
| Adults: | Children (Under 18): | |
| 1. | 1. | 2. |
| 2. | 3. | 4. |
| 3. | 5. | 6. |

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| **STATUS**: Update the household’s current housing status **AND** attach required documentation:  □Category 1-Literally Homeless Documentation List:  □Category 2-Imminent Risk of Homelessness  □Category 4-Fleeing/Attempting to Flee DV |

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| **INCOME:** Update the household’s current income status **AND** attach required documentation:  □Household Income meets AMI requirements Documentation List:  □Household Income DOES NOT meet AMI requirements  *\*Households with an income that is 30% AMI or higher are no longer eligible to receive ANY NHAP/ESG services and should be exited from the project.* |

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| **Sustainability:** *For participants that are receiving ongoing HUD Financial Assistance, staff must document the inability to pay for the item they are receiving assistance BUT FOR the HUD Assistance i.e. bank statements, medical bills etc.*  □Household HAS NO other housing options, financial resources, or support networks identified Documentation List:  □Household HAS other housing options, financial resources, or support networks identified |

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| **Housing Stability Goals:** *Household agrees to work on the following goals to ensure a stable housing outcome:*  1.  2.  3. |

Staff Certification (please check one) □Household Eligible for additional services □Household Ineligible

Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Documentation related to information on this form MUST be attached. Filling out this form DOES NOT meet the record keeping requirements-all recertification forms and evidence must be included WITH this form and attached in HMIS.