## ESG Verification of Eligibility - PREVENTION

**PREVENTION – for Households At-Risk or at Imminent-Risk of Homelessness**

**This form is required when providing financial assistance or services**

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |

*To qualify for prevention assistance, whether “At-Risk” or “At-Imminent Risk”, households must first meet both of the following conditions:*

1. Household income must be below 30% AMI. You may utilize the CHG Income Worksheet to help calculate participant income. See Section 2 for documentation instructions.

**AND**

1. Household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and no other housing options have been identified (see Section 3 for documentation instructions).

### Section 1 – Housing Status Verification

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| **Situation** | | **Required Documentation** |
| ***At Imminent Risk*** | Household will imminently lose their primary nighttime residence within 14 days | A court order resulting from an eviction action notifying the individual or family that they must leave;  **OR**  For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay;  **OR**  A documented and verified oral statement. |
| Fleeing or attempting to flee domestic violence | Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified. |
| ***At-Risk*** | Moved 2 or more times due to economic reasons in 60 days prior to application for assistance | Documentation of 2 moves within 60 days may include:  HMIS records; OR  Referral from housing/service provider; OR  Letter from tenant/owner  **AND**  Documentation of economic hardship may include:  Notice of job loss; OR  Health care bills indicating arrears; OR  Utility bills indicating arrears |
| Living in the home of another due to economic hardship | Letter from tenant/homeowner  **AND**  Documentation of economic hardship may include:  Notice of job loss; OR  Health care bills indicating arrears; OR  Utility bills indicating arrears |
| Losing housing within 21 days after application date | If primary tenant/homeowner: eviction notice or court order to leave within 21 days  **OR**  If living with another (doubled up): eviction letter from tenant/homeowner |
| Living in a hotel/motel not paid for by charitable organizations or federal/state/local government programs | Letter from hotel/motel manager |
| Living in severely overcrowded unit as defined by the U.S. Census Bureau | SRO or efficiency apartment: more than 2 people; OR  Larger housing: more than 1.5 people per room  **AND**  Documentation of number of rooms in unit *and* number of individuals living in the unit:  Lease; OR  Unit details from Tax Assessor’s Office |
| Exiting publicly funded institution or system of care | Discharge paperwork  **OR**  Referral letter |

Section 2 - Income Verification*(all household members 18 years and older)***:**

|  |  |
| --- | --- |
| **Type of Income** | **Required Documentation** |
| 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**  Oral 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 Oral Verification form. Equivalent case notes may be substituted.).  **OR**  Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). |
| Self-Employment and Business Income | Copy of most recent federal and state tax return.  **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.  **OR**  Self-declaration that includes source of income, income amount, and frequency of income (complete Self-Declaration form). |
| Pension/ Retirement Income | Copy of most recent payment statement or 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**  Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).  **OR**  Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). |
| 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**  Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).  **OR**  Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). |
| TANF/Public Assistance | Copy of most recent payment statement or benefit notice.  **OR**  Dated mail, fax, or email verification from welfare administrator that includes name of income source and income amount.  **OR**  Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.)  **OR**  Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration 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**  Oral verification from source that includes name of income source and income amount (complete Third Party Oral 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). |
| 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**  Oral verification from source that includes name of income source and income amount (complete Third Party Oral 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). |

### Section 3 – No Subsequent Residence and Insufficient Resources/Support Networks

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| --- | --- |
| Please describe how the household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and that no other housing options have been identified. |  |
| Client Signature |  |
| Caseworker Signature |  |
| Date |  |

### Section 4 – Three Month Eligibility Re-Evaluation

*For prevention assistance, agencies must re-evaluate household eligibility every 3 months. In order to continue receiving assistance, households must meet both of the following conditions:*

1. Household income must be below 30% AMI

**AND**

1. The household must lack sufficient resources and support networks necessary to retain housing without ESG assistance

Please use form *ESG Household Eligibility – Re-Certification* to document that the household continues to meet these requirements.