



JOINT OFFICE OF HOMELESS

Eligibility Screening for Homeless Preference Units at Vibrant.

Date of eligibility screening: _____

Property address: 1620 NW 14th Ave, Portland, OR 97209

I certify the _____ household meets each of the following two criteria:

1. ☐ Household is earning between 0-30% AMI; **AND**
2. ☐ Head of household is applying for homeless services and is at substantial risk of homelessness and/or is experiencing any form of homelessness

Staff name: _____

Staff signature: _____ Date: _____

Staff agency: _____

Email: _____ Work phone: _____