VHSP Targeted Prevention Participant Eligibility Requirements

Project Participant/Head of Household Full Name: _____

In order to receive prevention financial assistance or services funded by VHSP, project participant households must meet the following minimum requirements:

A. Completed Initial Evaluation/Intake: ☐ Yes   Date intake was completed _____

B. The household meets the following circumstances (<u>must meet both</u>):

☐ Project participant household income below 30 percent of area median income (AMI) for the area
☐ The household lacks the financial resources and support networks needed to remain in existing housing without Prevention assistance

C. The household meets one of the following conditions with documentation (<u>must select one</u>):

☐ Household is living in someone else's unit (doubled up) and the right to occupy has been terminated. *Required documentation*: Letter from family/friend notifying the household they must leave the unit within 14 days
☐ Household is leasing their own unit and housing loss within 14 days is imminent. *Required documentation*: Court order to leave the unit within 14 days
☐ Household living in hotel/motel (paid for by household) and the household is unable to pay for additional nights. *Required documentation*: Letter from hotel/motel manager and cancelled checks to verify costs were covered by the participant

<u>Self-Declaration of Imminent Homelessness</u>. If third-party verification cannot be obtained, self-declaration of imminent homelessness is permitted. Attempts to obtain third-party verification as well as the self-declaration must be documented in the project participant file.

D. Verification of non-duplication of assistance:
Project participant   ☐ is   ☐ is not   receiving tenant or project-based rental assistance, excluding rental arrearages, through other public sources for the same time period and/or cost type.

Determination of Eligibility completed by:

_____
PRINT NAME OF PROJECT STAFF

_____   _____
PROJECT STAFF SIGNATURE   DATE

I certify that the information above and any other information I have provided in the eligibility determination process for VHSP assistance is true, accurate, and complete.

_____
PRINT NAME OF PROJECT PARTICIPANT

_____   _____
PROJECT PARTICIPANT SIGNATURE   DATE