



CHERP Targeted Prevention Participant Eligibility Requirements

This form is required for all CHERP targeted prevention assistance.

Head of Household Full Name: _____

Date Completed: _____

To be eligible for CHERP Targeted Prevention, an individual or family must meet all three of the following criteria: have income below 50% percent AMI, lack sufficient resources and support networks needed to prevent them from becoming literally homeless, and meet one of the risk factors for imminent homelessness.

Prioritization: Individuals or families that were formerly homeless who also meet the risk factors for imminent homelessness.

Completed Initial Evaluation/Intake

I. Income Verification

Household income is below 50 percent Area Median Income (AMI) for household size (supporting documentation required); **AND**

Household Size (all adults/children): _____
50% of Area Median Income for Household Size: \$ _____
Total Household Annual Gross Income: \$ _____

II. Lack of Sufficient Resources and Support

The household lacks the financial resources and support networks needed to prevent them from becoming literally homeless; **AND**

III. Meets one of the following risk factors of imminent homelessness with acceptable documentation:

Housing loss within 14 days – household has been notified their right to occupy their current housing or living situation will be terminated within 14 days after the date of application for assistance. Must provide documentation of one of the following criteria:

- If tenant: eviction notice (court order to leave within 14 days); **OR**
- If living with another (doubled up): eviction letter from tenant/homeowner; **OR**
- If living in a hotel/motel: letter from hotel/motel manager and cancelled checks to verify costs covered by the participant

Household may also receive assistance if imminently homeless (certified under section III above) and meets one of the following factors with acceptable documentation:

Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance (**must document the following 2 criteria**):

- Housing history must demonstrate 2 or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (intake observation not appropriate); **AND**
- Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

Living in the home of another person/individual because of economic hardship (must document the following 2 criteria):

- Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (intake observation may be appropriate); **AND**
- Economic reasons may include termination from employment, excessive medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (intake observation not appropriate).

- Discharge from a public institution or system of care (including prisons, mental health institutions, and hospitals) **(must document 1 of the following criteria)**:
 - Source documentation (i.e., discharge paperwork); **OR**
 - Referral letter

- Residency in housing that has been condemned by housing officials and is no longer meant for human habitation **(must document 1 of the following criteria)**:
 - Source documentation (i.e., letter); **OR**
 - Intake Observation

- Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals **(must document the following 2 criteria)**:
 - Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; **AND**
 - Costs have not been covered by charitable organization or government program: documentation – cancelled check.

I certify that the project participant has received no other rental subsidy or assistance for the same time period and cost type, excluding rental arrearages, within the past six months.

Determination of Project Eligibility Completed By (name of staff):

_____ PRINT NAME OF STAFF PERSON

_____ STAFF PERSON SIGNATURE

I certify that no other rental subsidy or assistance has been received for the same time period and cost type, excluding rental arrearages, within the past six months. I also certify that any other information I have provided in applying for CHERP assistance is true, accurate and complete.

_____ PRINT NAME OF PROJECT PARTICIPANT

_____ PROJECT PARTICIPANT SIGNATURE