



VHSP RECERTIFICATION FORM

Households receiving VHSP Targeted Prevention and Rapid Re-Housing financial assistance must be recertified every three months. For households receiving housing-focused case management only, recertification must occur every 12 months. At the end of each recertification, the case manager must attach the new evidence to this form documenting the household is still eligible for the project.

Project Participant Name(s): _____

Date of entry into project: _____

Date of this Recertification: _____

Number # of months (inc. rent arrears) household has received assistance: _____

Recertification Type:

3-Month Recertification for:

- Targeted Prevention Project financial assistance
- Rapid Re-Housing Project financial assistance

12- Month Recertification for:

- Targeted Prevention Project housing-focused case management only
- Rapid Re-Housing Project housing-focused case management only

A. Income Verification*: Household Size: _____ 30% AMI for Household Size: \$ _____

Total Household Annual Gross Income: \$ _____

- Household income, based on Section 8 income eligibility standards, is below 30 percent Area Median Income (AMI).
- Household income, based on Section 8 income eligibility standards, is at or above 30 percent Area Median Income (AMI) – Households with an income that is at 30% AMI or higher are no longer eligible to receive VHSP-funded financial assistance and/or housing stabilization case management and support services.

B. Asset Verification*:

- Household has less than \$500 in assets
- Household has more than \$500 in assets – Households with more than \$500 in assets are no longer eligible to receive VHSP-funded financial assistance and/or housing stabilization case management and support services.

C. Verification of lack of financial resources and support networks needed to remain in existing housing without VHSP assistance*:

- No appropriate subsequent housing options have been identified and the household lacks the financial resources and support networks needed to prevent them from becoming literally homeless.
- Subsequent housing options have been identified and the household has the financial resources and support networks needed to prevent them from becoming literally homeless.

D. Verification of Housing Stabilization Services:

Project staff and project participant household agree to work on the following goals to ensure a stable housing outcome:

1. _____
2. _____
3. _____

STAFF CERTIFICATION: (must check one)

- Household eligible for additional rental assistance
- Household ineligible for additional rental assistance

- Household eligible for additional case management services
- Household ineligible for additional case management services

If ineligible for financial assistance and/or housing stabilization case management and support services, list community-based organization the household can access for further support.

1. _____
2. _____
3. _____

Staff Signature: _____ Date: _____

Project Participant Signature: _____ Date: _____

* Documentation proving the statements on this form MUST be attached. The lack of support networks should be notated within the client file. Subsequent recertification forms and evidence should be kept in the client file.