

FYI Eligibility Form

RE:

Applicant's Name (print)

This applicant is **between ages 18 and 24** and has applied for assistance with our agency's federally funded housing program. A certification from the individual or head of household seeking assistance or by the intake staff is required.

**ALL SECTIONS BELOW TO BE COMPLETED BY THE INDIVIDUAL /HEAD OF HOUSEHOLD OR PROVIDER STAFF**

**I/We are at risk of homeless because (all 3 items must apply):**

- 1)  I/we left foster care at age 16 or older and are homeless, or will leave foster care within 90 days and are at risk of becoming homeless (**documentation will be provided, and verified, by DCS**) **AND**
- 2)  I/We have an annual income below 30 percent of median family income for the area, as determined by HUD (**income documentation will be provided to, and verified by, IHA**) **AND**
- 3)  I/We do not have sufficient financial resources or support networks (e.g. family, friends, faith-based or other social networks) immediately available to prevent me/us from moving to an emergency shelter or another place

**AND (at least one of the following must apply):**

- I/We live in someone else's home because of economic hardship **or**
- I/We live in a hotel/motel NOT paid for by charitable organizations or Federal, State or local government programs for low-income individuals **or**
- I/We primarily reside in a supervised public or private facility that provides temporary living accommodations or transitional housing **or**
- I/We live with 2 or more people in a single-room occupancy/efficiency apartment or in a larger housing unit with more than 1.5 persons per room, as defined by the U.S. Census Bureau **or**
- I/We are living in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan **or**
- I/We have been notified in writing that our right to occupy our current living situation will be terminated within 21 days **or**
- I/We have moved because of economic reasons two or more times during the last 60 days **or**
- I/We are exiting a publicly funded institution or system of care (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)

**This information can be verified by (one of the following is required):**

- Attached **third-party written verification** from the owner/renter of the household's current living situation (ex.: notification of termination within 21 days, hotel/motel invoices, dates of stay in an institution, etc.)

**OR**

- Client self-certification:** I \_\_\_\_\_ (client name) certify that the eligibility information above is true and complete. **Service provider's due diligence** to contact current living situation for verification that this statement is accurate (examples include: date of attempted contact, reason for inability to contact, etc.): \_\_\_\_\_

**If form completed by applicant: I certify that the above selected statements are true and complete.**

Name (print clearly)	Signature	Date

**If form completed by assessor, service or housing provider staff: I certify that the above selected statements are true and complete as reported to me by the applicant.**

Staff Name (print clearly)	Signature	Date