



HOME-ARP HOUSEHOLD RE-CERTIFICATION FORM

Households receiving HOME-ARP Supportive Services assistance must be re-certified every 90 days. Households receiving TBRA assistance must be re-certified every year. At the end of each recertification the case manager must attach the new evidence to this form demonstrating the household is still eligible for the program. **It is not acceptable to reattach the evidence from previous eligibility decisions.**

**NOTE: Recertification criteria for TBRA and Supportive Services are different. See the MHC HOME-ARP Guidebook for further details.*

HOME-ARP Client Name:	
Client is enrolled in: <input type="checkbox"/> Supportive Services <input type="checkbox"/> TBRA	
Date of entry into program:	Case Manager:
Number of months (including arrears) household has received assistance:	
Date of this Re-Certification:	
<u>List the member(s) of this household:</u>	
Adult(s):	Children (under 18):
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Status	
Please update the household's current housing status AND attach the appropriate documentation:	
<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at risk of losing housing	Documentation list: 1. _____ 2. _____ 3. _____

Income
Please update the household's current income status AND attach the appropriate documentation:
<input type="checkbox"/> Household Income meets AMI requirements for program <input type="checkbox"/> Household Income does not meet AMI requirements for program
Documentation list: 1. _____ 2. _____ 3. _____
Households that do not meet the AMI requirements are no longer eligible to receive ANY HOME-ARP FINANCIAL SERVICES but may retain HOME-ARP units.

Resources

For clients who are receiving ongoing HOME-ARP financial assistance, staff must document their inability to pay housing/ utilities BUT FOR the HOME-ARP assistance (i.e. bank/saving statements, medical bills, etc).

- | | |
|---|---|
| <input type="checkbox"/> Household HAS NO other housing options, financial resources, or support networks identified. | Documentation list:
1. _____
2. _____
3. _____ |
| <input type="checkbox"/> Household HAS other housing options, financial resources, or support networks identified. | |

Housing Stability Goals

Household agrees to work on the following goals to ensure a stable housing outcome:

1. _____
2. _____
3. _____

Staff Certification

- Household is eligible for additional services
- Household is ineligible

If ineligible, list other community based agencies that household can access for further support:

1. _____
2. _____
3. _____

HOME-ARP Staff Printed Name:

HOME-ARP Staff Signature:

Date:

HOME-ARP Staff Title: