


HOME-ARP Qualifying Populations (QP) Eligibility Webinar

Presented by
Wendy Quackenbush, Director of Multifamily Compliance
Peg McCoy, HOME-ARP Shelter Administrator
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Speakers

<p>Wendy Quackenbush Director of Multifamily Compliance Wendy.Quackenbush@tdhca.state.tx.us (512) 305-8860</p>	<p>Peg McCoy HOME-ARP Shelter Administrator Peg.McCoy@tdhca.state.tx.us (512) 475-4010</p>
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2



Questions

- Enter questions into Question panel of GoToWebinar
- Questions may be addressed at the end of each webinar.
- For further information, email Wendy.Quackenbush@tdhca.state.tx.us or Peg.McCoy@tdhca.state.tx.us

3

Additional Guidance

<https://www.tdhca.state.tx.us/home-arp/index.htm>

TDHCA Allocation Plan and Guidance

- [HOME-ARP Approved Allocation Plan \(May 2022\) \(PDF\)](#)
- [HOME-ARP Handbook \(December, 2022\) \(PDF\)](#)
- [HOME-ARP Webinar Recording – Overview – updated 12.2022 \(Youtube.com\)](#)
 - [HOME-ARP Webinar Handout – Overview – updated 12.2022 \(PDF\)](#)
- HOME-ARP Rental Development Guidance available at <https://www.tdhca.state.tx.us/multifamily/special-initiatives.htm>

HUD HOME-APR and Homelessness Guidance

- [HUD HOME-ARP Implementation Notice Fact Sheets \(hudexchange.info\)](#)
- [HUD Exchange HOME ARP \(hudexchange.info\)](#)
- [Recordkeeping Requirements for Homeless Definition \(hudexchange.info\)](#)
- [Criteria for At Risk of Homelessness \(hudexchange.info\)](#)

4

Morning Objectives

HOME-ARP Qualifying Populations Eligibility Webinar

- ✓ HOME-ARP QUALIFYING POPULATIONS
- ✓ HOME-ARP ELIGIBILITY MANUAL FORMS
- ✓ HOME-ARP REQUIRED DOCUMENTATION AND CORRESPONDING DECLARATIONS



5

HOME-ARP QUALIFYING POPULATIONS

1. Homeless - Experiencing Homelessness
2. Formerly Homeless But Housed With Temporary Resources
3. At Risk of Homelessness
4. Greatest Risk of Housing Instability
 - At-Risk of Homelessness, with income at 50% AMI (instead of 30% AMI)
 - Extremely low income and severely cost burdened
5. Individuals fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking

Veterans and families that include a veteran member that meet one of the following criteria are also a qualified population.

6

Resources To Help Determine Eligibility and Documentation On-Site

Purpose: Assist project intake staff to determine eligibility and document waitlist or client files

Tool: HOME-ARP Qualifying Populations Eligibility Manual, which the project intake staff will use during the application process.

<https://www.tdhca.state.tx.us/home-arp/index.htm>



HOME American Rescue Plan Qualifying Population Eligibility Manual

QP Eligibility through Referrals

Preferred Order of Documentation

HOME-ARP Pre-Application Screener

Pre-screener Eligibility Chart

QP Income Chart

QP Eligibility Declarations

Staff due Diligence

Oral Verification Form

QP Eligibility through Referrals

- Coordinated Entry (CE) is a method for assessing and prioritizing the needs of homeless persons in a community.
- HOME-ARP projects can work with local homeless service providers or CE for referrals.
- The QP eligibility documentation from the referral agency must be kept at the project and a copy maintained in the household's file.
- Documentation has to be transferred from the referral provider to project; it cannot be carried by the Applicant.

9



Preferred Order of Documentation

10

Preferred Order of Documentation



In order of Preference:

- #1 Third Party Verification – **Source**
- #2 Third Party Verification – **Written**
- #3 Third Party Verification – **Oral**
- #4 Intake Observation
- #5 Self-Certification

11

Preferred Order of Documentation

#1 Third Party Verification - **Source**

- An original document from a third party.
- Dated within 120 days from the date of receipt by the project.
- The applicant may provide the documentation.

12

Preferred Order of Documentation

#2 Third Party Verification – **Written**

- Written documentation sent directly by the third-party by mail or electronically by fax, email or internet
- Acceptable if:
 - Sent directly by a third-party source
 - Not hand-carried by the applicant
 - Completed in its entirety
 - Mail (with copy of envelope in which verification was received)
 - Fax (Includes company name and source's fax number)
 - Email (reliable if includes name of appropriate person or firm)
 - Internet (Web-based information from reputable source, includes print-outs)

13

Preferred Order of Documentation

#3 Third Party Verification - Oral

- Acceptable if documented and from a reliable third-party source
- May also be used to clarify incomplete verifications and/or discrepancies
- Should include:
 - Date & Time
 - Person contacted
 - Contact title/position/role
 - Information reported

Staff name, signature, and certification

14

Preferred Order of Documentation

#4 Intake Observation

- May only be used when listed in the Manual as an allowable form of verification

#5 Self-Certification

- May only be used when listed in the Manual as an allowable form of verification as a last resort

15



Pre-Application Screener

16

HOME American Rescue Plan (HOME-ARP) Pre-Application

Applicant Name _____ Date _____ # of bedrooms requested _____

Applicants should check all boxes that describe your current housing situation.

I'm applying to be placed on the HOME-ARP wait list today because:

- (A) I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days.
- (B) I'm living with someone else because of economic reasons.
- (C) I'm going to lose my current housing in 3 weeks (21 days) or less from today.
- (D) I am living in a hotel/motel and running out of money and/or help.
- (E) I am living in an overcrowded situation (1.5 or more per room – don't count bathrooms or kitchen)
- (F) I'm leaving or have just left foster care
- (G) I'm leaving or have just left a jail, a hospital, or other publicly funded institution.
- (H) I can't afford my current housing because more than ½ of my income goes to rent.

HOME American Rescue Plan (HOME-ARP) Pre- Application

17

- (I) I'm currently in my home and receiving temporary housing assistance from a program but that is going to run out soon.
- (J) I am homeless (living outside, in my car, an abandoned building, a camp, transitional housing, or in a temporary shelter).
- (K) I'm fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking.
- (L) I am aged 24 or under, or in a family with children and another agency has qualified me as homeless: including but not limited to a school, Supplemental Nutrition Assistance Program (SNAP), social worker etc.

If you qualify for the HOME-ARP waitlist you will be notified once a Unit is available and asked to fill out the full application and provide documentation. If none of the above situations apply, you may not qualify for the HOME-ARP wait list, but may qualify for another program at the property.

HOME American Rescue Plan (HOME-ARP) Pre- Application Continued

18



Eligibility Chart And Other Helpful Forms

Pre-Screener Eligibility Chart

Directions: Intake staff should use the chart below to see what declaration(s) will need to accompany the application and provide documentation for the file.

If a letter has multiple QP definitions that correspond to the living situation indicated, intake staff may try to verify one QP definition at a time until a definition accurately applies. Once one QP definition is fully documented, then no further QP definitions need to be met.

Letter(s) selected	Definition(s)	Pages
A	At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	16, 21
A with L	Homeless Category 3	13
B	At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	16, 21
C	Homeless Category 2 - Imminent Risk of Homelessness At Risk of Homelessness Category 1, Risk C Termination of Housing At Greatest Risk of Housing Instability, Risk C Termination of Housing	11, 18, 23
D	Homeless Category 1 – Literally Homeless At Risk of Homelessness Category 1, Risk A, B, D, E & F At Greatest Risk of Housing Instability, Risk A, B, D, E & F	9, 16, 21

Pre-Screener Eligibility Chart

QP Income Chart

QP Income Level Chart

The chart below shows the different income restrictions for each definition.

Definition	Income Level
Homeless Category 1 – Literally Homeless	No income level required.
Homeless Category 1 – Literally Homeless Exiting an Institution	No income level required.
Homeless Category 2 - Imminent Risk of Homelessness	No income level required.
Homeless Category 3	No income level required.
At Risk of Homelessness Category 1, Risk A, B, D, E & F	Under 30% AMI
At Risk of Homelessness Category 1, Risk C Termination of Housing	Under 30% AMI
At-Risk of Homelessness Category 2 or 3	No income level required.
At Greatest Risk of Housing Instability, Risk A, B, D, E & F	At or under 50% AMI
At Greatest Risk of Housing Instability, Risk C Termination of Housing	At or under 50% AMI
At Greatest Risk of Housing Instability - Cost burdened	At or under 30% AMI
Formerly Homeless and Currently Housed	No income level required.
Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking	No income level required.

Staff Due Diligence

Intake Staff Certification of Due Diligence

Intake Staff Use Only

Agency:		Contract No:	
Contact Name:		Contact Title:	
Address:		Phone:	
Regarding Applicant/Participant:			

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual/household who is applying for HOME-ARP assistance. I understand self-certification is only permitted when I have attempted to, but cannot obtain third party verification.

Documentation of attempt(s) made for third-party verification:

Date	Type of Attempt (oral, written, email etc.)

Third Party Oral Verification Form

Third Party Oral Verification Form

Intake Staff Use Only

Agency:	Contract No:
Contact Name:	Contact Title:
Address:	Phone:
Regarding Applicant/Participant:	

The telephone (oral) verification is being gathered (check one):

In lieu of a third-party written or firsthand verification. Describe the reason that a third-party written or firsthand verification was not feasible in this instance:

As a source of clarification for a gathered third-party written or firsthand verification. Describe area in which clarification is being sought:

Person Contacted:	Title:
Employer Name:	Phone/Fax:
Date Contacted:	Time Contacted:

1. Information Verified:
2. Information Supplied:
3. Additional Remarks:

OWNER AUTHORIZED REPRESENTATIVE CERTIFICATION
I certify that the above information is true and correct,

Signature of Authorized Representative

Representative's Title

Date


Printed Name

Phone #

Fax #

Email

23



QP Definitions, Required Documentation and Corresponding Declarations

24

Declaration of Qualifying Populations

- Manual includes a declaration form for each Qualifying Population.
- Forms in the Manual assist HOME-ARP projects collect the required forms of verification for HOME-ARP QP eligibility.
 - **These forms do not replace the need to verify eligibility.**
- Projects should consult the below HUD Resources and TDHCA HOME-ARP Guidance before adopting these forms as part of their intake procedures.

25

Overview of Homeless Categories

1. Literally homeless
 - An Individual or family who lack a fixed, regular and adequate residence (e.g., literally homeless)
2. Imminent Risk of Homelessness
 - An Individual or family who will lose their residence in 14 days without another unit identified and no other resources and supports.
3. Homeless Under Other Statutes
 - Unaccompanied youth under 25, or family with children and youth who meet another definition of homelessness and show housing instability and special needs/barriers, as listed in the statute.

This slide should not be used to qualify persons for eligibility – full definitions and eligibility tools can be found online at <https://www.tdhca.state.tx.us/home-arp/index.htm>

26

Homeless (1)

- **An individual or family who lacks a fixed, regular, and adequate nighttime residence**, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Declaration for Homeless Category 1 – Pre-Application D, J

- Pre-Application shows Applicant selected:
 - D. I am living in a hotel/motel and running out of money and/or help.
 - OR
 - J. I am homeless (living outside, in my car, an abandoned building, a camp, transitional housing, or in a temporary shelter).

DECLARATION FOR HOMELESS
Category 1 – Literally Homeless (Pre-Application D, J)

Applicant First Name: [] Applicant Last Name: [] Suffix: []
 Address: [] City: [] Zip Code: []

I, above named Applicant hereby certify that:

i. I am currently homeless and living in a place not designed for human habitation (i.e. a car, park, abandoned building, bus or bus/train station, airport, camping ground, or similar place.

Required Documentation:

- Referral by another housing or service provider that the household was living in a place not meant for human habitation; or
- Homeless Management Information System (HMIS) records; or
- Referral staff intake observation.

ii. I am residing in a publicly or privately operated emergency shelter or transitional housing facility designed to provide temporary living arrangements; or, in a hotel/motel currently paid for by charitable organizations or by federal, state or local government programs;

Required Documentation:

- Homeless Management Information System (HMIS) record;
- Referral by another housing or service provider stating that the household was in an emergency shelter or transitional housing; or
- Referral by another housing or service provider that the household stating the household is living in hotels and motels paid for by charitable organizations or by federal, state and local government programs; **and if hotel/motel:**

Declaration for Homeless Category 1

Housing in hotel/motel

Letter from hotel/motel manager
 Referral Staff observation

+

Costs have not been covered by charitable organization or government program

Canceled checks
 Receipts and bank statements
 Other: []

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Other Adult Signature

Date

Date

Declaration for Homeless Category 1

Declaration for Homeless Category 1 Exiting an Institution – Pre-Application F, G

- Pre-Application shows Applicant selected:
 - F. I'm leaving or have just left foster care
- OR
- G. I'm leaving or have just left a jail, a hospital, or other publicly funded institution

DECLARATION FOR HOMELESS
Category 1 – Literally Homeless Exiting an Institution (Pre-Application F, G)

Applicant First Name: Applicant Last Name: Suffix:
 Address: City: Zip Code:

I, above named Applicant hereby certify that I am exiting an institution where I have resided for 90-days or less and I resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Required Documentation:

Referral by another housing or service provider that the household was living in a place not meant for human habitation; **or**

Homeless Management Information System (HMIS) record; **and**

Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution:

The discharge paperwork states the beginning and end dates of the time residing in the institution.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

 Head of Household Signature

 Date

 Other Adult Signature

 Date

Declaration
 for Homeless
 Category 1
 Literally
 Homeless

Homeless (2)

An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;

Declaration for Homeless Category 2 Imminent Risk – Pre-Application C

- Pre-Application shows Applicant selected:
 - I'm going to lose my current housing in 3 weeks (21 days) or less from today.

DECLARATION FOR HOMELESS
Category 2 – Imminent Risk of Homelessness (Pre-Application C)

Applicant First Name: Applicant Last Name: Suffix:
 Address: City: Zip Code:
 Date of Application of Assistance:

I, above named Applicant hereby certify that:

1. My residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified.
3. I lack the resources and support networks (examples: family, friends, faith based or other social networks) needed to obtain other permanent housing.

The notice: *(check one)*

Did not provide a way to remedy the situation and avoid eviction
 Did provide a way to remedy the situation and avoid eviction (e.g., paying the overdue rent balance), but I cannot meet the terms of avoiding the eviction. I understand that I must provide documentation to also substantiate that I cannot meet the terms of avoiding eviction.

Required steps: Documentation to substantiate not meeting the terms of avoiding eviction:

Bank statement(s) Termination Notice Health care bill showing arrears
 Unemployment Compensation Statement Other:

Declaration for
 Homeless
 Category 2
 Imminent
 Risk of
 Homelessness

Documentation must include **one** of the following:

A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless assistance

- Date of Court Order:
- Judgement or Default Judgement
- Notice of Writ of Possession
- Other:

Notice equivalent to an eviction action under applicable state law;

- Date of Notice:
- Next Legal Action Date (if applicable):
- Landlord Filing of Eviction Suit (Petition)
- Eviction Citation issued by Justice Court
- Other:

Notice to Quit or Vacate

- Date of Notice:
- Quit/Vacate Date in notice:
- A Notice to Quit or Vacate cited one of the following reasons:
 - Holdover Tenancy - Lease expiration date:
 - Lease Violation
 - Non-Payment of Rent
 - Other:

Declaration for
 Homeless
 Category 2
 Imminent
 Risk of
 Homelessness

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Other Adult Signature

Date

Date

Declaration for
Homeless
Category 2
Imminent
Risk of
Homelessness

Homeless (3)

- **Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:**
 - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance

Homeless (3) continued

- (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

Declaration for Homeless Category 3 – Pre-Application A & L

- Pre-Application shows Applicant selected:
 - I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days.
- AND**
- I am aged 24 or under, or in a family with children and another agency has qualified me as homeless: including but not limited to a school, Supplemental Nutrition Assistance Program (SNAP), social worker etc

DECLARATION FOR HOMELESS

Category 3 – Homeless under other Federal statutes (Pre-Application A and L)

Applicant First Name: Applicant Last Name: Suffix:
 Address: City: Zip Code:

I, above named Applicant hereby certify that I am an/my household is a:

- Unaccompanied youth under 25 years of age, who:
 Family with children and youth, who:
1. Are defined as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, Public Health Service Act, Food and Nutrition Act of 2008, Child Nutrition Act of 1966, McKinney-Vento Homeless Assistance Act* **and**
 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; **and**
 3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; **and**
 4. Can be expected to continue in such status for an extended period of time due to chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or
 5. **two or more barriers to employment**, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Declaration for
Homeless
Category 3
Homeless
under other
Federal
Statutes

Remaining required Documentation for Verification:

- Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another the federal statutes listed above; **and**
- Referral by a housing or service provider, written observation by an outreach worker, or certification by the homeless individual or head of household seeking assistance; **and**
- Recorded statements or records obtained from:
- Each owner or renter of housing, or
 - Provider of shelter or housing, or
 - Social worker, case worker, or other appropriate official of a hospital or institution in which the individual or family resided, or
 - A written record of the intake worker's due diligence in attempting to obtain these statements or records, or
 - Where a move was due to the individual or family fleeing domestic violence, dating violence, sexual assault, or stalking, then the intake worker may alternatively obtain a written certification from the individual or head of household seeking assistance that they were fleeing that situation and that they resided at that address; **and**
- Written documentation including:
- diagnosis from a professional who is licensed by the state to diagnose and treat that condition (or intake staff-recorded observation of disability that within 45 days of date of the application for assistance is confirmed by a professional who is licensed by the state to diagnose and treat that condition); or
 - Two or more of:**
 - Employment records; or
 - Department of corrections records;
 - Literacy, English proficiency tests;
 - or other reasonable documentation of the conditions:

Declaration
for Homeless
Category 3
Homeless
under other
Federal Statutes

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Other Adult Signature

Date

Date

* Full list of statutes for item 1 is: section 387 of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a](#)), section 637 of the Head Start Act ([42 U.S.C. 9832](#)), section 41403 of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2](#)), section 330(h) of the Public Health Service Act ([42 U.S.C. 254b\(h\)](#)), section 3 of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012](#)), section 17(b) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)](#)) or section 725 of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11434a](#));

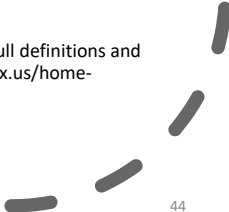
Declaration for Homeless Category 3 Homeless under other Federal Statutes

Formerly Homeless and Housed with Temporary Assistance

Households who have:

- previously been qualified as “homeless” per 24 CFR §91.5;
- are currently housed due to temporary or emergency assistance;
- and who need additional assistance or to avoid a return to homeless.

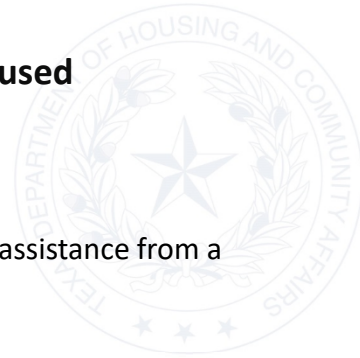
This slide should not be used to qualify persons for eligibility – full definitions and eligibility tools can be found online at <https://www.tdhca.state.tx.us/home-arp/index.htm>



44

Declaration for Formerly Homeless and Currently Housed Pre-Application I

- Pre-Application shows Applicant selected:
 - I'm currently in my home and receiving temporary housing assistance from a program but that is going to run out soon.



Documentation for Formerly Homeless But Housed With Temporary Resources

Third-party documentation as the “homeless” definition

Documentation of current assistance end date by agency providing assistance*

Demonstration of additional need*

*Documentation may be subject to change based on future HUD guidance.

46

DECLARATION OF FORMERLY HOMELESS AND CURRENTLY HOUSED
(Pre-Application I)

Applicant First Name: _____ Applicant Last Name: _____ Suffix: _____
 Address: _____ City: _____ Zip Code: _____

I, above named Applicant hereby certify that:

- 1) I have been previously qualified as "homeless" according to a service provider,
- 2) I am currently housed due to temporary or emergency assistance, including financial assistance, services, temporary rental assistance or some type of other assistance; and
- 3) I will need additional housing assistance or supportive services to avoid a return to homelessness.

Required Documentation

Evidence of prior homelessness.

- Homeless Management Information System (HMIS) record; **or**
- Referral by another housing or service provider with documentation of prior homelessness per 24 CFR §91.5 (example: Literally Homeless/Literally Homeless Exiting an Institution); **or**
- Other: _____; **and**

Documentation of current assistance showing end date from agency providing assistance

- Contract or assistance agreement with agency; **or**
- Referral from another housing or service provider listing assistance provided and end date of assistance.
- Other: _____; **and**

Demonstration of additional need:

- Bank statement(s)
- Termination Notice
- Unemployment Compensation Statement
- Health care bill showing arrears
- Other: _____; **and**

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Date

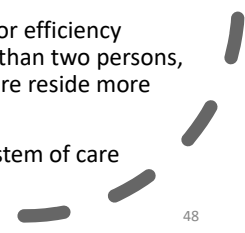
Other Household Signature

Date

Declaration of
Formerly
Homeless and
Currently Housed

At Risk of
Homelessness –
Category 1, Risk
A, B, D, E & F
*(Pre-Application
A, B, D, E, F, & G)*

- i. Annual income <30% Area Median Income (AMI)
- ii. Without sufficient resources or support networks to prevent them becoming homeless
- iii. And meet a condition listed in the statute, which includes, but is not limited to:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;
 - Is living in the home of another because of economic hardship
 - Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state or local government programs for low-income individuals;
 - Lives in a Single Resident Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than one-and-a-half persons per room
 - Is exiting a publicly funded institution or system of care




48

Declaration for At Risk of Homelessness - Individuals and Families (Pre- Application A, B, D, E, F, & G)

Pre-Application shows Applicant selected:

- I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days
- I'm living with someone else because of economic reasons.
- I am living in a hotel/motel and running out of money and/or help
- I am living in an overcrowded situation (1.5 or more per room – don't count bathrooms or kitchen)
- I'm leaving or have just left foster care
- Or, I'm leaving or have just left a jail, a hospital, or other publicly funded institution.



Documentation for At Risk of Homelessness - Individuals and Families

50

Examples:

- Income qualification; **and**
- Certification of lack of resources and supports; **and**
- Eviction notice that demonstrate one of the criteria; **or**
- Notice of termination from employment that demonstrate one of the criteria; **or**
- Bank statements that demonstrate one of the criteria; **or**
- Written statement by the relevant third party.
 - (e.g., former employer, primary leaseholder, public administrator, hotel or motel manager)

At Risk of Homelessness – Category 1, Risk A, B,D,E & F (Pre- Application A, B, D, E, F, & G)

DECLARATION OF AT RISK OF HOMELESSNESS
Category 1 Risks A, B, D, E, & F (Pre-Application A, B, D, E, F, & G)

Applicant First Name: [] Applicant Last Name: [] Suffix: []
Address: [] City: [] Zip Code: []

I, above named Applicant hereby certify that:

- I have insufficient financial resources and support networks immediately available to attain housing stability; and
- I do not have insufficient resources or support networks (examples: family, friends, faith-based or other social networks) immediately available to prevent me/us from moving to an emergency shelter, transitional housing, hotel/motel paid by charities or government programs, or other place not designated or ordinarily used as a regular sleeping accommodation for human beings; and
- I meet the following criteria: *(Check one of the below categories, and the accompanying documentation that will be provided for intake eligibility)*
 - A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;

<u>Two or more moves within 60 Days</u>	<u>Economic reasons</u>
<input type="checkbox"/> Homeless Management Information System (HMIS) Records, or	<input type="checkbox"/> Notice of termination from Employer
<input type="checkbox"/> Referral housing/service provider, or	<input type="checkbox"/> Health care bills indicating arrears, or
<input type="checkbox"/> Letter from tenant/owner, or	<input type="checkbox"/> Utility bills indicating arrears, or
<input type="checkbox"/> Other: []	<input type="checkbox"/> Other: []
 - B) Is living in the home of another because of economic hardship;

<u>Housing must be in the home of another</u>	<u>Economic hardship</u>
<input type="checkbox"/> Letter from tenant/homeowner, or	<input type="checkbox"/> Notice of termination from Employer, or
<input type="checkbox"/> Referral Staff observation, or	<input type="checkbox"/> Health care bills indicating arrears, or
<input type="checkbox"/> Other: []	<input type="checkbox"/> Utility bills indicating arrears, or
	<input type="checkbox"/> Other: []

51

At Risk of Homelessness – Category 1, Risk A, B,D,E & F (Pre- Application A, B, D, E, F, & G) Continued

- D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state or local government programs for low-income individuals;

<u>Housing must be in hotel/motel</u>	<u>Costs have not been covered by charitable organization or government program</u>
<input type="checkbox"/> Letter from hotel/motel manager, or	<input type="checkbox"/> Canceled checks, or
<input type="checkbox"/> Referral Staff observation, or	<input type="checkbox"/> Receipts or bank statements, or
<input type="checkbox"/> Other: []	<input type="checkbox"/> Other: []
- E) Lives in an Single Resident Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than one-and-a-half persons per room;

<u>Census Bureau Definition</u>	<u>Count of rooms and persons in unit</u>
<input type="checkbox"/> SRO or efficiency: > 2 people, or	<input type="checkbox"/> Unit details from Tax's Assessor's Office, or
<input type="checkbox"/> Larger housing: > 1.5 people per room	<input type="checkbox"/> Lease, or
	<input type="checkbox"/> Referral Staff observation, or
	<input type="checkbox"/> Other: []
- F) Is exiting a publicly funded institution or system of care.
 Documentation of discharge from a health care facility, mental health facility, foster care or other youth facility or correction program may include
 Discharge paperwork, or
 Referral letter from facility.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature _____ Date _____
 Other Adult Signature _____ Date _____

Intake Staff: Income documentation to show this household is less than 30% AMI has been collected and verified.

52

At Risk of Homelessness – Category 1, Risk C

- i. Annual income <30% Area Median Income (AMI)
- ii. Without sufficient resources or support networks to prevent them becoming homeless
- iii. And meet a condition listed in the statute, which includes, but is not limited to:

Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance

53

Declaration for At Risk of Homelessness – Category 1 Risk C (Pre-Application C)

Pre-Application shows Applicant selected:

- I'm going to lose my current housing in 3 weeks (21 days) or less from today



DECLARATION OF AT RISK OF HOMELESSNESS – TERMINATION OF HOUSING
Category 1 Risk C (Pre-Application C)

Applicant First Name: [] Applicant Last Name: [] Suffix: []
 Address: [] City: [] Zip Code: []
 Date of Application of Assistance: []

I, above named Applicant, hereby certify that:

1. I have insufficient financial resources and support networks immediately available to attain housing stability; and
2. I do not have insufficient resources or support networks (examples: family, friends, faith-based or other social networks) immediately available to prevent me/us from moving to an emergency shelter, transitional housing, hotel/motel paid by charities or government programs, or other place not designated or ordinarily used as a regular sleeping accommodation for human beings; and
3. I have been notified that my right to occupy my current housing or living situation will be terminated **within 21 days after the date of this application** for assistance.

I have received a Notice to Quit or Vacate for the following reason:

- | | |
|---|---|
| <input type="checkbox"/> Nonpayment of rent | <input type="checkbox"/> Lease violation |
| <input type="checkbox"/> Hold over Tenancy | <input type="checkbox"/> Lease expiration date: [] |
| <input type="checkbox"/> Other: [] | |

For all notices:

Date of Notice: [] Quit/Vacate Date in Notice: []

At Risk of Homelessness Category 1, Risk C Declaration

The notice: (check one)

- Did not provide a way to remedy the situation and avoid eviction, or
- Did provide a way to remedy the situation and avoid eviction (e.g., paying the overdue rent balance), but I cannot meet the terms of avoiding the eviction. I understand that I must provide documentation to show that I cannot meet the terms of avoiding eviction.

Required steps: Documentation to show I cannot meet the terms of avoiding eviction:

- Bank statement(s), or
- Termination Notice, or
- Unemployment Compensation Statement, or
- Health care bill showing arrears, or
- Other: []

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

 Head of Household Signature

 Date

 Other Adult Signature

 Date

Intake Staff: Income document to show this household is under 30% AMI has been collected and verified.

At Risk of Homelessness Category 1, Risk C Declaration Continued

At Risk of Homelessness – Category (2) and (3)

(2) Unaccompanied Children and Youth

- Qualifies as homeless under other statutes such as (but not limited to):
 - The Runaway and Homeless Youth Act
 - The Head Start Act
 - Violence Against Women Act
 - Public Health Service Act, Food and Nutrition Act or Child Nutrition Act

(3) Families with children

- A child or youth who qualifies as homeless under the McKinney-Vento Homeless Assistance Act, along with a parent/guardian.

This slide should not be used to qualify persons for eligibility – full definitions and eligibility tools can be found online at <https://www.tdhca.state.tx.us/home-arp/index.htm>

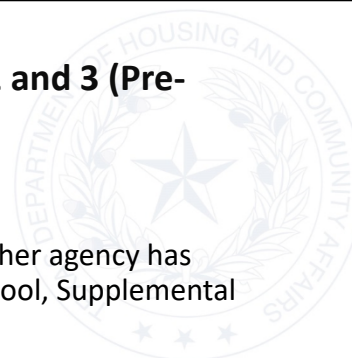
57

Documentation of At Risk of Homelessness – (2) and (3) Example

Certification of the child or youth's homeless status by the agency or organization responsible for administering assistance through other statute.

58

Declaration for At Risk of Homelessness – Category 2 and 3 (Pre-Application L)



Pre-Application shows Applicant selected:

- I am aged 24 or under, or in a family with children and another agency has qualified me as homeless: including but not limited to a school, Supplemental Nutrition Assistance Program (SNAP), social worker etc.



At Risk of Homelessness – Category (2) and (3) Declaration

DECLARATION OF AT RISK OF HOMELESSNESS
Category 2 & 3 (Pre-Application L)

Applicant First Name: [] Applicant Last Name: [] Suffix: []
Address: [] City: [] Zip Code: []

I, above named Applicant hereby certify that I/my household meet(s) the criteria defined under:

<input type="checkbox"/> <u>Homeless Children and Youth</u> Unaccompanied youth under 25 years of age, who does not qualify as homeless under the homeless definition, but qualifies as homeless under the Runaway and Homeless Youth Act, the Head Start Act, the Violence Against Women Act, Public Health Service Act, Food and Nutrition Act of 2008, Child Nutrition Act of 1966 *	OR	<input type="checkbox"/> <u>Homeless Children and Youth, including Families/ Guardians</u> An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.
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Documentation for At Greatest Risk of Housing Instability

Extremely low income with severe cost burden*

- Income evaluation form and source documents for assets
- Copy of lease or rental agreement showing cost burden

At-risk of homelessness with higher AMI

- Same as at-risk of homelessness except with 50% AMI
- No need to document lack of resources and supports.

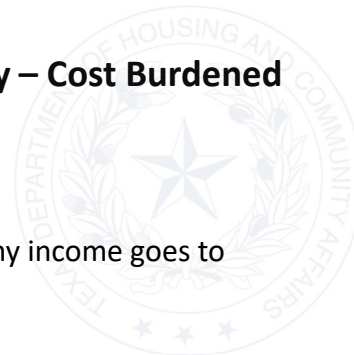
*Documentation may be subject to change based on future HUD guidance.

63

Declaration for At Greatest Risk of Housing Instability – Cost Burdened (Pre-Application H)

Pre-Application shows Applicant selected:

- I can't afford my current housing because more than ½ of my income goes to rent.



DECLARATION OF AT GREATEST RISK OF HOUSING INSTABILITY – COST BURDENED
(Pre-Application H)

Applicant First Name: [] Applicant Last Name: [] Suffix: []
 Address: [] City: [] Zip Code: []

I, above named Applicant hereby certify that:

I am severely cost burdened by paying >50% of monthly household income toward housing costs.

Required Documentation:

Monthly household income; **and:**

- Bank statements; or
- Paystubs; or
- Unemployment Compensation; or
- Child support; or
- Other sources of income: []

Proof of current housing costs.

- Lease
- Letter from lease holder/owner if not on the lease. Letter should state the amount that the household pays for housing.
- Other: []

At Greatest Risk of Housing Instability – Cost Burdened

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Other Household Signature

Date

Date

Intake Staff: Applicant's gross income is: \$ []/month.

Applicant's current housing costs \$ []/month (excluding utilities).

Applicant pays []% of income on housing costs.

Income document to show this household is equal or less than 30% AMI.

At Greatest Risk of Housing Instability – Cost Burdened Continued

**At Greatest Risk of
Housing Instability
– At-Risk Except
50% AMI**

- Have annual income at or below 50% AMI (instead of 30% AMI); and
- Meet a condition listed in the statute for at-risk of homelessness

67

Declaration for At Greatest Risk of Housing Instability -
(Pre-Application A, B, D, E, F, & G)

Pre-Application shows Applicant selected:

- I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days
- I'm living with someone else because of economic reasons.
- I am living in a hotel/motel and running out of money and/or help
- I am living in an overcrowded situation (1.5 or more per room – don't count bathrooms or kitchen)
- I'm leaving or have just left foster care
- Or, I'm leaving or have just left a jail, a hospital, or other publicly funded institution.

At Greatest Risk of Housing Instability – At-Risk Conditions

DECLARATION OF AT GREATEST RISK OF HOUSING INSTABILITY – AT-RISK CONDITIONS (Pre-Application A, B,D,E,F or G)

I, above named Applicant hereby certify that I/my household: (Check one of the below categories, and the accompanying documentation that will be provided for intake eligibility)

- A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance;

<u>Two or more moves within 60 Days</u> <input type="checkbox"/> Homeless Management Information System (HMIS) Records, or <input type="checkbox"/> Referral housing service provider or Letter from tenant/owner, or <input type="checkbox"/> Other: _____	+	<u>Economic reasons</u> <input type="checkbox"/> Notice of termination from Employer, or <input type="checkbox"/> Health care bills indicating arrears, or <input type="checkbox"/> Utility bills indicating arrears, or <input type="checkbox"/> Other: _____
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- B) Am living in the home of another because of economic hardship;

<u>Housing must be in the home of another</u> <input type="checkbox"/> Letter from tenant/homeowner, or <input type="checkbox"/> Referral Staff observation, or <input type="checkbox"/> Other: _____	+	<u>Economic hardship</u> <input type="checkbox"/> Notice of termination from Employer, or <input type="checkbox"/> Health care bills indicating arrears, or <input type="checkbox"/> Utility bills indicating arrears, or <input type="checkbox"/> Other: _____
--	---	---

- D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state or local government programs for low-income individuals;

<u>Housing must be in hotel/motel</u> <input type="checkbox"/> Letter from hotel/motel manager, or <input type="checkbox"/> Referral Staff observation, or <input type="checkbox"/> Other: _____	+	<u>Costs have not been covered by charitable organization or government program</u> <input type="checkbox"/> Canceled checks, or <input type="checkbox"/> Receipts or bank statements, or <input type="checkbox"/> Other: _____
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At Greatest Risk of Housing Instability – At-Risk Conditions Continued

- E) Live in an Single Resident Occupancy (SRO) or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than one-and-a-half persons per room;

<u>Census Bureau Definition</u> <input type="checkbox"/> SRO or efficiency: > 2 people, or <input type="checkbox"/> Larger housing: > 1.5 people per room	+	<u>Count of rooms and persons in unit</u> <input type="checkbox"/> Unit details from Tax's Assessor's Office, or <input type="checkbox"/> Lease, or <input type="checkbox"/> Referral Staff observation, or <input type="checkbox"/> Other: _____
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- F) Am exiting a publicly funded institution or system of care.
 Documentation of discharge from a health care facility, mental health facility, foster care or other youth facility or correction program may include
 Discharge paperwork, or
 Referral letter from facility.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Date

Other Adult Signature

Date

Intake Staff: Income documentation to show this household at or under 50% AMI has been collected and verified.

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

Any individual or family who is fleeing or attempting to flee:

- Domestic Violence
- Dating Violence
- Sexual Assault
- Stalking
- Human Trafficking (sex and/or labor)

This slide should not be used to qualify persons for eligibility – full definitions and eligibility tools can be found online at <https://www.tdhca.state.tx.us/home-arp/index.htm>

71



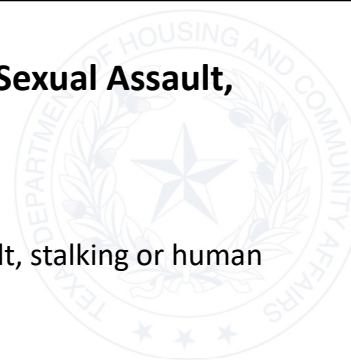
Documentation for Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

72

Examples:

- a written certification by a victim service provider, intake worker, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or an intake worker in any other organization from whom the individual or family sought assistance; or
- a written certification by the individual or head of household.

Declaration for Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking– (Pre-Application K)



Pre-Application shows Applicant selected:

- I'm fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking.



DECLARATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING OR HUMAN TRAFFICKING

DECLARATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING OR HUMAN TRAFFICKING (Pre-Application K)

Applicant First Name: Applicant Last Name: Suffix:
 Address: City: Zip Code:

I, above named Applicant hereby certify that I am an individual or family who is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. I believe that there is a threat of imminent harm from further violence due to dangerous or life-threatening conditions that relate to violence against me or my family member, including a child, that has taken place in my home or has made the me or my family afraid to return or remain within my home. In the case of sexual assault, I certify that the assault occurred on the premises during the 90-day period preceding the date of the request for transfer or that I reasonably believe there is a threat of imminent harm from further violence if I remain.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

Head of Household Signature

Date

Other Adult Signature

Date

DECLARATION
OF DOMESTIC
VIOLENCE,
DATING
VIOLENCE,
SEXUAL
ASSAULT,
STALKING OR
HUMAN
TRAFFICKING
Continued...

Staff Certification

For non-victim service providers:

If there is not a threat to safety, the above self-certification must be supported by:

- Third-Party Written referral source from whom assistance was sought for Domestic Violence
OR
 Intake worker observation.

For Victim Service Providers (VSP):

- Self-Certification.
OR
 Oral statement recorded by, signed by, and dated as true and complete by victim service provider intake staff

Recorded Oral Statement:

Information Verified:

Intake Staff

I certify that the above information is true and correct.

Signature of Intake Staff
Date

Printed Name

Staff's Title

75

Veterans

Veterans and Families that include a Veteran Family Member that meet the criteria for one of the qualifying populations described above are eligible to receive HOME-ARP assistance.

Note: Homeless or At-Risk of Homelessness Veterans (including Wounded Warriors as defined by the Caring for Wounded Warriors Act of 2008) are an allowable preference under TDHCA's HARP Allocation Plan

76

THANK YOU

FOR MORE INFORMATION, PLEASE SEE THE
TDHCA HOME-ARP WEBSITE:
WWW.TDHCA.STATE.TX.US/HOME-ARP/INDEX.HTM



Questions