

ESG Documentation Checklist: Participant Eligibility

ESG Participant Household Name: _____

Initial or Re-Assessment: <input checked="" type="checkbox"/>	Date:	ESG Staff Initials:
<input type="checkbox"/> Initial Eligibility Assessment		
<input type="checkbox"/> Eligibility Re-Assessment		

In File (Always Required) <input checked="" type="checkbox"/>	Documentation
<input type="checkbox"/>	COMPLETED INITIAL/RECERTIFICATION CONSULTATION – ESG staff assessment with applicant/participant to determine eligibility and appropriate assistance type and amount (or recertify eligibility and reassess appropriate assistance type and amount).

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSEHOLD INCOME – Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income below 30% Area Median Income upon entry (HP only) and at or below at recertification (HP and RRH)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	WAGES & SALARY <input type="checkbox"/> Written Third Party: Copy of most recent paystub(s) OR other written verification from employer -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained verbally by ESG staff <input type="checkbox"/> Brief, written explanation by ESG staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	SELF EMPLOYMENT/BUSINESS INCOME <input type="checkbox"/> Written Third Party: Copy of most recent federal or state tax return showing net business income -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	INTEREST & DIVIDEND INCOME <input type="checkbox"/> Written Third Party: Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement <input type="checkbox"/> Brief, written explanation by HPRP staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	PENSION/RETIREMENT INCOME <input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written verification from income source -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained by HPRP staff <input type="checkbox"/> Brief, written explanation by HPRP staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement

ESG Documentation Checklist: Participant Eligibility

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSEHOLD INCOME – Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income below 30% Area Median Income upon entry (<i>HP only</i>) and at or below at recertification (<i>HP and RRH</i>)
		<input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	UNEMPLOYMENT & DISABILITY INCOME <input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written verification from income source -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained by HPRP staff <input type="checkbox"/> Brief, written explanation by HPRP staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement <input type="checkbox"/> Brief, written explanation by HPRP staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	TANF/PUBLIC ASSISTANCE <input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written verification from income source -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained by HPRP staff <input type="checkbox"/> Brief, written explanation by ESG staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of income statement <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	ALIMONY, CHILD SUPPORT AND FOSTER CARE INCOME <input type="checkbox"/> Written Third Party: Copy of most recent payment statement OR benefit notice OR bank deposit statement OR other written verification from income source -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained by HPRP staff <input type="checkbox"/> Brief, written explanation by ESG staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration form <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	ARMED FORCES INCOME <input type="checkbox"/> Written Third Party: Copy of most recent paystub(s) OR other written verification from employer -- OR -- <input type="checkbox"/> Oral Third Party: Verification of income form or other case file record of income information obtained by HPRP staff <input type="checkbox"/> Brief, written explanation by ESG staff for using oral third party -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration form <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES	<input type="checkbox"/>	NO INCOME <input type="checkbox"/> Self-Declaration: Applicant self-declaration form

ESG Documentation Checklist: Participant Eligibility

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSEHOLD INCOME – Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income below 30% Area Median Income upon entry (HP only) and at or below at recertification (HP and RRH)
<input type="checkbox"/> NO		<input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration (e.g., “Applicant reports no current income.”)
	In File (Always Required) <input checked="" type="checkbox"/>	HOUSEHOLD INCOME – Documentation of each identified source of current income for the household and documentation of household income calculation indicating household income below 30% Area Median Income upon entry and at or below 30% AMI at recertification
<input type="checkbox"/>		INCOME CALCULATION WORKSHEET – Documentation showing income calculation (estimated annual income based on current income) and comparison to Area Median Income.
Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSING STATUS - Documentation of the current living situation of the household.
HOMELESS SITUATIONS [RAPID RE-HOUSING] At least one is required in order to receive assistance		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	EMERGENCY SHELTER <input type="checkbox"/> Written Third Party: HMIS record of shelter stay OR homeless certification form OR emergency shelter provider letter
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	PLACE NOT MEANT FOR HUMAN HABITATION <input type="checkbox"/> Written Third Party: Homeless certification form OR homeless street outreach provider or referral source letter -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of homelessness form <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	HOSPITAL OR OTHER INSTITUTION (and was in emergency shelter or place not meant for human habitation prior to admission) <input type="checkbox"/> Written Third Party: Letter from hospital or other institution -- AND -- <input type="checkbox"/> Written Third Party: HMIS record of shelter stay (if previously sleeping in emergency shelter) OR homeless certification form OR emergency shelter or homeless street outreach provider letter -- OR -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of homelessness form <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	IMMINENT RISK OF HOMELESSNESS <input type="checkbox"/> Court ordered eviction that notifies the applicant that they must leave within 14 days ; or <input type="checkbox"/> For applicants leaving a motel-evidence that they lack the financial resources to stay; or <input type="checkbox"/> A documented and verified oral statement: and <input type="checkbox"/> <i>Certification that no subsequent residence has been identified; and</i> <input type="checkbox"/> <i>Self-certification or other written documentation that the applicant lacks the financial resources and support necessary to obtain permanent housing</i>




ESG Documentation Checklist: Participant Eligibility

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSING STATUS - Documentation of the current living situation of the household.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Homeless under other Federal Statutes <input type="checkbox"/> Written Third Party: Certification by the nonprofit or state or local government that applicant meets criteria of homelessness under other federal statute; and <input type="checkbox"/> Certification of no permanent housing in last 60 days; and <input type="checkbox"/> certification by the applicant, and any available supporting documentation, that they have moved 2 or more times in the past 60 days; and <input type="checkbox"/> Documentation of special needs OR 2 or more barriers
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	DOMESTIC VIOLENCE (Victim service providers) <input type="checkbox"/> Self-Declaration: Oral statement by the individual or head of household seeking assistance which states: They are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker (Non-victim service providers) <input type="checkbox"/> Oral statement by the applicant seeking assistance that they are fleeing. Statement must be documented via a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; AND <input type="checkbox"/> Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing
HOUSED SITUATIONS [HOMELESSNESS PREVENTION] At least one is required in order to receive assistance		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	COPY OF CURRENT LEASE IS REQUIRED OR OTHER WRITTEN OCCUPANCY AGREEMENT – A lease is required for applicant if renting. A Written Occupancy Agreement is required from host family/friend if doubled up. NOTE: "N/A" should only be checked if applicant (or their host) is a homeowner or if applicant is staying in a hospital, other institution, or hotel/motel. -- OR (if applicant is doubled up and attempt to obtain copy of host lease is unsuccessful) -- <input type="checkbox"/> Self-Declaration: Applicant self-declaration of housing status form <input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	RENTED BY APPLICANT (select applicable situation) <u>POTENTIAL HOUSING LOSS DUE TO NON-PAYMENT OF RENT OR OTHER VIOLATION WITHIN 21 DAYS</u> <input type="checkbox"/> Written Third Party: Copy of court ordered eviction notice <u>POTENTIAL HOUSING LOSS DUE TO UTILITY NON-PAYMENT</u> <input type="checkbox"/> Written Third Party: Copy of utility shut-off notice -- AND -- <input type="checkbox"/> Lease indicates applicant is responsible for utilities and utility shut-off will cause eviction -- OR -- <input type="checkbox"/> Other evidence of housing being unfit for habitation due to utility shut-off (e.g., other third party provider assessment or ESG staff assessment) <u>POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY</u> <input type="checkbox"/> Written Third Party: Copy of foreclosure notice from landlord/owner or other public record/publication

ESG Documentation Checklist: Participant Eligibility

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	HOUSING STATUS - Documentation of the current living situation of the household.
		<p><u>POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS</u></p> <p><input type="checkbox"/> Written Third Party: Copy of notice from landlord/property manager, public health, code enforcement, fire marshal, child welfare or other government entity that housing is condemned</p> <p>RECERTIFICATION ONLY (if other situations do not apply at recertification)</p> <p><u>POTENTIAL HOUSING LOSS DUE TO PRESENCE OF HOUSING RETENTION BARRIERS (e.g. insufficient income to pay housing costs, behavior that will potentially cause lease non-compliance, etc.).</u></p> <p><input type="checkbox"/> Self-Declaration: Brief, written description by ESG staff indicating current housing retention barriers and justification for continued ESG assistance, as recorded on assessment form</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>OTHER HOUSING OCCUPIED BY APPLICANT WITHOUT PAYING RENT (INCLUDING HOUSING SHARED WITH FRIENDS OR FAMILY) (select applicable situation)</p> <p><u>POTENTIAL HOUSING LOSS DUE TO EVICTION (REQUEST TO LEAVE) BY HOST FRIEND OR FAMILY WITHIN 21 DAYS</u></p> <p><input type="checkbox"/> Written Third Party: Copy of eviction notice or letter indicating request to leave (typed or handwritten) from host friend or family</p> <p>-- OR --</p> <p><input type="checkbox"/> Self-Declaration: Applicant self-declaration of housing status form</p> <p><input type="checkbox"/> Brief, written explanation by HPRP staff for using self-declaration</p> <p><u>POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY</u></p> <p><input type="checkbox"/> Written Third Party: Copy of foreclosure notice from landlord/owner or other public record/publication</p> <p><u>POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS</u></p> <p><input type="checkbox"/> Written Third Party: Copy of notice from landlord/property manager, public health, code enforcement, fire marshal, child welfare or other government entity that housing is condemned</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>OWNED BY APPLICANT</p> <p><u>POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON OWNER-OCCUPIED PROPERTY</u></p> <p><input type="checkbox"/> Written Third Party: Copy of foreclosure notice from lending institution</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>HOSPITAL OR OTHER INSTITUTION (if stay greater than 180 days and/or not previously in emergency shelter or place not meant for human habitation prior to admission)</p> <p><u>POTENTIAL HOUSING LOSS DUE TO INSTITUTIONAL DISCHARGE</u></p> <p><input type="checkbox"/> Written Third Party: Statement from hospital or other institution</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>HOTEL/MOTEL (NOT PAID FOR BY FEDERAL, STATE OR LOCAL GOVERNMENT OR CHARITABLE PROGRAMS)</p> <p><u>POTENTIAL HOUSING LOSS DUE TO NON-PAYMENT OF HOTEL/MOTEL COSTS</u></p> <p><input type="checkbox"/> Self-Declaration: Applicant self-declaration of housing status form</p> <p><input type="checkbox"/> Brief, written explanation by ESG staff for using self-declaration</p>

ESG Documentation Checklist: Participant Eligibility

Applicable 	In File 	HOUSING STATUS - Documentation of the current living situation of the household.
In File (Always Required) 		OTHER HOUSING OPTIONS, FINANCIAL RESOURCES AND SUPPORT NETWORKS - Documentation of whether household will become or remain homeless “but for” ESG assistance.
<input type="checkbox"/>		OTHER SUBSEQUENT HOUSING OPTIONS <input type="checkbox"/> Self-Declaration: Description of lack of other housing options as recorded on assessment form or other case file documentation (e.g., case notes); and <input type="checkbox"/> Brief, written description by ESG staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness
<input type="checkbox"/>		FINANCIAL RESOURCES AND SUPPORT NETWORKS <input type="checkbox"/> Self-Declaration: Description of lack of other financial resources and support networks as recorded on assessment form or other case file documentation (e.g., case notes); and <input type="checkbox"/> Self-declaration includes current bank account balance(s) ; and <input type="checkbox"/> Assessment and documentation (if applicable) of other assets, per ESG grantee asset policy, indicating allowable amount <input type="checkbox"/> Brief, written description by ESG staff indicating absence of financial resources and support networks sufficient to prevent or end homelessness
<input type="checkbox"/>		SIGNED STAFF CERTIFICATION OF ELIGIBILITY FOR ESG ASSISTANCE (must use HUD form)
Notes:		