

# Homelessness Prevention Re-Evaluation of Eligibility

This checklist may be used to re-evaluate eligibility for ESG Homelessness Prevention assistance which is required every three months. Please complete all three sections and attach the required evidence demonstrating the household is eligible for the program. It is not acceptable to re-attach the evidence from previous eligibility decisions.

## PROGRAM INFORMATION

Case Manager: \_\_\_\_\_ Participant Name: \_\_\_\_\_  
Date of Entry into Program: \_\_\_\_\_ Number of Months in Program: \_\_\_\_\_

## SECTION 1: INCOME CERTIFICATION

The individual or family has an income below 30 percent of the Los Angeles County median family income as evidenced by the ESG Income Eligibility Worksheet

### Documentation

Documentation of participant's income should include (check at least one, in order of priority):

- Source documents (such as wage statements, unemployment compensation statements, public benefits statements, or bank statements)
- Written Verification of Income Form
- Oral Verification of Income Form
- Self-Declaration of Income Form

## SECTION 2: LACK OF RESOURCES AND SUPPORT NETWORK

The individual or family does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or other place defined in HUD Category 1 of the homeless definition (HAS NO other housing options, financial resources, or support networks identified).

### Documentation

Evidence of a lack of resources or support network should include any of the following (check at least one):

- A Self-Declaration of Income form or
- Termination notice
- Unemployment compensation statement
- Bank statement
- Healthcare/utility bill showing arrears

## SECTION 3: STAFF CERTIFICATION

By signing below, I certify that to the best of my knowledge, the program participant named above:

- Meets all of the requirements to continue to receive homelessness prevention assistance (has an income at or below 30% AMI and lacks resources and support network necessary to prevent homelessness).
- DOES NOT meet the requirements to receive continued homelessness prevention assistance

I further certify all of the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_