



HOME ARP



HOME-ARP Qualifying Populations: Documentation Requirements

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How to use this Document

The HOME American Rescue Plan (HOME-ARP) program requires that funds be used to primarily benefit qualifying populations (QPs). Unlike other HUD programs, meeting income criteria is not required for each of the four QPs. Rather, HOME-ARP QP definitions identify multiple criteria that may make an individual or household eligible for assistance. Criteria that must be verified with documentation to identify individual, or household eligibility are referred to in this guide as “key components”. This guide is intended to be used in conjunction with HOME-ARP QP Definitions At-A-Glance resource, which provides complete definitions for each QP.

Participating Jurisdictions (PJs) and their partners may use this guide to identify the essential elements of each QP definition and the documentation needed to confirm that a household is eligible for HOME-ARP assistance or services. PJs may use this guide to build QP documentation templates for their HOME-ARP projects and activities. Remember to adapt such templates to the PJ’s local program requirements as outlined in the Allocation Plan. Therefore, before use, PJs must tailor their templates to align with QP preferences or limitations that will be locally implemented. Consequently, different subrecipients may use different versions of QP documentation templates based on the unique preferences and limitations of each project.

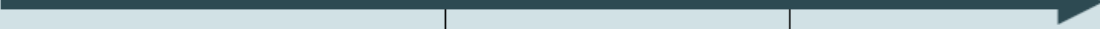
In developing processes and procedures for recordkeeping requirements, PJs and their subrecipients should keep in mind that personally identifiable information must be safeguarded to prevent unauthorized access, use or disclosure as specified by CPD-21-10 Section VIII.H.

In the tables below, QP statuses that need to adhere to a preferred order or sequence for obtaining documentation, as specified by CPD-21-10 Section VIII.F, will be indicated by both a symbol in the upper left-hand corner and an arrow under the type of documentation.

Example of Icon:

Qualifying Population 1		
	 Preferred Order Applies	



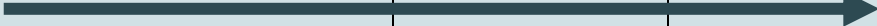
Example of Arrow:

Third Party Verification	Intake Worker Observation	Self-Certification
		



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Qualifying Population 1: Homeless Par. 1, “Literally Homeless”				
<div> <div>QP1</div> </div> <div>KEY COMPONENTS</div>	<div>→</div> <div>Preferred Order Applies</div>	Third Party Verification	Intake Worker Observation	Self-Certification
	Living situation	<input type="checkbox"/> A written, dated and signed observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer, OR <input type="checkbox"/> A written, dated and signed referral by another housing or service provider, OR Records from the Homeless Management Information System (HMIS) demonstrating enrollment in homeless services program, OR <input type="checkbox"/> Evidence that a charitable or governmental organization is paying for hotel/motel, OR <input type="checkbox"/> For individuals exiting an institution one of the forms of evidence above AND discharge paperwork or written/oral referral, dated and signed, from a social worker, case manager, or other appropriate official of the institution which includes start and end times of time residing in institution	When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or head of household (HoH) seeking assistance



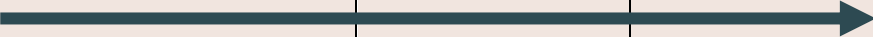
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Qualifying Population 1: Homeless Par. 2, “Imminent Risk of Homelessness”					
KEY COMPONENTS		 Preferred Order Applies	Third Party Verification	Intake Worker Observation	Self-Certification
					
	Timeline (less than 14 days losing primary residence) AND	<input type="checkbox"/> Court eviction documentation or equivalent notice <input type="checkbox"/> Hotel bill showing household paid for hotel	When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance	
Lack of Resources	Check which documentation was obtained: <input type="checkbox"/> Letter dated and signed from family member stating they cannot support or house individual or family <input type="checkbox"/> Records of savings that demonstrate the household is unable to continue paying for hotel/motel for more than 13 days	When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance		



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Qualifying Population 1: Homeless Par. 3, Homeless Under Other Federal Statutes				
KEY COMPONENTS	 Preferred Order Applies 	Third Party Verification	Intake Worker Observation	Self-Certification
	Meets Other Federal Definition AND	<input type="checkbox"/> Dated and signed letter that <u>must</u> come from staff at an entity responsible for administering the program using the other federal definition of homelessness	Not acceptable	Not acceptable
	History of Living Situation AND	<input type="checkbox"/> Attempt to seek documentation to support self-certification regarding at least 2 moves and no lease in last 60 days. The attempts must be documented	Not likely to be useful for recording moves or permanent housing history.	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance
	Presence of Special Needs or Barriers	<input type="checkbox"/> Dated and signed documentation from <u>licensed</u> professional regarding disability <input type="checkbox"/> SSI/SSDI award letter	<input type="checkbox"/> Intake staff observations of potential two or more barriers as appropriate, dated and signed	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance




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Qualifying Population 2: At Risk of Homelessness Par. 1, “Individuals & Families”					
KEY COMPONENTS		 Preferred Order Applies	Third Party Verification	Intake Worker Observation	Self-Certification
					
	Income (less than 30% AMI) AND	<input type="checkbox"/> Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility	Not acceptable	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance	
	Lack of resources and support AND	<input type="checkbox"/> Notice of termination of employment, unemployment compensation statement, bank statement, health-care bill showing arrears	Not likely to be useful for recording lack of resources and support	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance	
Evidence of housing instability according to 91.5 At risk of homelessness (A)-(G) See next page for documentation examples for each condition.	<input type="checkbox"/> Source documents that evidence one or more of the conditions: eviction notices, notification of employment termination	When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance		

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Qualifying Population 2: At Risk of Homelessness Par. 1, “Individuals & Families”					
		 Preferred Order Applies	Third Party Verification	Intake Worker Observation	Self-Certification
KEY COMPONENTS- HOUSING INSTABILITY CONDITIONS	(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; OR	<input type="checkbox"/> Letter from tenant/owner, OR <input type="checkbox"/> Referral from housing/service provider, OR <input type="checkbox"/> HMIS records	Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions (A), (C), and (F) and the example provided for (G). For all other conditions, intake worker observations may be used, if applicable. When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both 3rd party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance	
	(B) Is living in the home of another because of economic hardship (“doubled-up”); OR	<input type="checkbox"/> Letter from tenant/owner where the participant is residing, AND <input type="checkbox"/> Termination letter from employment, medical or utility bills in arrears			
	(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR	<input type="checkbox"/> Eviction notice, court order to leave within 21 days, OR <input type="checkbox"/> If (doubled-up): eviction letter from tenant/homeowner			
	(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low- income individuals; OR	<input type="checkbox"/> Letter from hotel/motel manager, AND <input type="checkbox"/> Cancelled check, credit card statements made to hotel, OR if paid in cash, letter from hotel/motel manager			
	(E) Living in severely over-crowded unit as defined by US Census Bureau; OR <i>(SRO/efficiency more than 2 people OR 1.5 people per room in larger housing)</i>	<input type="checkbox"/> Lease with unit size and number of people in unit, OR <input type="checkbox"/> Unit details from Tax Assessor’s Office			
	(F) Is exiting a publicly funded institution, or system of care; OR	<input type="checkbox"/> Discharge paperwork, OR <input type="checkbox"/> Letters from referring provider			
	(G) Living in housing associated with instability & increased homelessness, as identified in the PJ’s approved con. plan.	Documentation must support conditions in the PJ’s con. plan. (E.g. previous stays in emergency shelter, 3rd party example: Letter from shelter, HMIS records)			

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Qualifying Population 2: At Risk of Homelessness Par. 2 “Unaccompanied Children & Youth”					
KEY COMPONENTS		 Preferred Order Applies	Third Party Verification	Intake Worker Observation	Self-Certification
					
	Meets Other Federal Definition AND	<input type="checkbox"/> Dated and signed letter that <u>must</u> come from staff at an entity responsible for administering the program using the other federal definition of homelessness	Not acceptable	Not Acceptable	
	Age	<input type="checkbox"/> School ID, Driver’s License, birth certificate or any other document issued from state or local government with date of birth.	Not likely to be useful for recording age	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance	

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Qualifying Population 2: At Risk of Homelessness Par. 3 “Families with Children & Youth”

Qualifying Population 2: At Risk of Homelessness Par. 3 “Families with Children & Youth”				
KEY COMPONENTS	 Preferred Order Applies	Third Party Verification	Intake Worker Observation	Self-Certification
				
	Meets section 725(2) of the McKinney Vento Homeless Assistance Act AND	<input type="checkbox"/> Dated and signed letter <u>must</u> come from staff at an entity responsible for administering the program using the federal definition of homelessness under McKinney Vento	Not acceptable	Not Acceptable
	Age AND	<input type="checkbox"/> School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth	Not likely to be useful for recording age	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance
	Parent or Guardian of child in household	<input type="checkbox"/> Birth certificate or court document showing custody of child	Not likely to be useful for establishing familial relationship	



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Qualifying Population 3: Fleeing or Attempting to Flee domestic violence, dating violence, sexual assault, stalking, human trafficking		
KEY COMPONENTS	<div>QP3</div> <div>  Preferred Order does <u>not</u> apply </div>	Acceptable Documentation
	Threat of harm based on current living situation	<ul style="list-style-type: none"> <input type="checkbox"/> An oral or written statement by the qualifying individual or head household seeking assistance, OR <input type="checkbox"/> A written certification by a victim service provider, law enforcement agency, legal assistance provider, pastoral counselor, or an intake worker in any other organization from who the individual or family sought assistance
<p>Note: The written documentation need only include the minimum amount of information indicating that the individual or family fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking, and need not include any additional details about the conditions that prompted that individual or family to seek assistance.</p> <p>Verification of household's eligibility under this qualifying population definition should be trauma-focused and not jeopardize the household's safety.</p>		



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Qualifying Population 4 Par. 2.i. "At Greatest Risk of Housing Instability"				
KEY COMPONENTS	  Preferred Order Applies to Income	Third Party Verification	Intake Worker Observation	Self-Certification
	Income (less than or equal to 30% AMI) AND	<input type="checkbox"/> Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility	Not acceptable	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance
	Severe Cost Burden (paying more than 50% of monthly household income towards housing costs)	<input type="checkbox"/> Current lease with rent amounts, or letter from owner/primary leasehold with rent amounts, AND <input type="checkbox"/> Written calculation between rent and current income to document household eligibility. Note: Housing costs must be at least 50% of annual income	Not likely to be helpful.	When third party documentation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance

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Qualifying Population 4: Par. 2.ii. “At Greatest Risk of Housing Instability”				
KEY COMPONENTS	  Preferred Order Applies to Income	Third Party Verification	Intake Worker Observation	Self-Certification
	Income (less than or equal to 50% AMI) AND	<input type="checkbox"/> Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility	Not acceptable	When third party documentation is unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance
	Evidence of housing instability according to 91.5 At risk of homelessness (A)-(G) <i>See QP2 requirements for documentation examples for each condition</i>	<input type="checkbox"/> Source documents that evidence one or more of the condition: eviction notices, notification of employment termination	When third party verification is unavailable: <input type="checkbox"/> written, signed, and dated intake worker observation	When both third party and intake observation are unavailable: <input type="checkbox"/> self-certification by the individual or HoH seeking assistance

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