

IHCDA Qualifying Populations Certification for HOME-ARP Rental Housing

Head of Household Name:

Date Completed: Click or tap to enter a date.

Other Household Members (list all):

HOME-ARP Rental Housing Program Eligibility and Corresponding Documentation

Instructions: IHCDA requires that all referrals for HOME-ARP rental units come from a Coordinated Entry (CE) referral. If the CE referral does not contain the necessary information to document a qualifying population status, collect an alternative form of documentation to verify eligibility. Please retain a copy of the referral in the tenant's file.

Eligibility:	Required Documentation:	Documentation Attached
Homeless (QP #1)	<p>1. Verification of homelessness:</p> <ul style="list-style-type: none"><input type="checkbox"/> Signed and dated statement from a caseworker or other third-party (including program staff) verifying participant's status<input type="checkbox"/> Written referral from regional Coordinated Entry Lead<input type="checkbox"/> Written referral from Emergency Shelter or Transitional Housing<input type="checkbox"/> Written statement of eviction<input type="checkbox"/> Written documentation from an institution or treatment program stating that the individual has resided there for 90 days or less and was homeless upon entry<input type="checkbox"/> Self-declaration of homelessness (only if third-party is not available)	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (QP #3)	<p>2. Self-declaration of eligibility</p> <ul style="list-style-type: none"><input type="checkbox"/> Household must certify eligibility to live in HOME-ARP unit under the definition of Qualifying Population #3 as described in the Administration Manual and HUD Notice CPD-21-10. To maintain confidentiality, IHCDA does not request supporting documentation or details.	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>



We encourage and support the nation's affirmative housing program in which there are no barriers to obtain housing because of race, color, religion, sex, national origin, handicap, or familial status.



Self-Declaration of Eligibility for HOME-ARP Rental Housing Program. (Please complete this portion if the household is self-certifying.)

Head of Household Signature:

Date:

Staff Name: _____

Staff Signature: _____