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| **Customer Name**:  **I-Trac Customer ID No.:** |
| **RENT ASSISTANCE ELIGIBLITY DOCUMENTATION ELEMENTS** |
| **EOP Enrollment**  Customer is enrolled in an EOP Career Coaching Program |
| **Residence**  Customer resides within the boundaries of Multnomah Co.  Rent assistance may be available for participants who find housing outside of Multnomah Co. Funder approval is required in this situation; to secure approval, the HUB must email their Worksystems contract manager and detail the circumstances. Worksystems will request funder written approval and provide it back to the HUB for file documentation. |
| **Low Income**  Customer total Household income for previous 6 months is 50% of the Median Family Income for Multnomah Co.  Median Family Income calculated based on Household size. |
| **Homeless**  The customer is the Head of Household and is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness. Head of Household currently meets at least one of these criteria (check all that apply):  Fleeing or attempting to flee domestic violence. Includes dating violence, sexual assault, stalking, trafficking or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.  Housed through another Homeless Assistance Housing Program during the past three years and is not currently being served in that program.  In an institution or publicly funded system of care. For example, hospital, jail, prison or foster care.  Literally Homeless. Is staying in a tent, car, emergency shelter, transitional housing or hotel.  In housing and will become Literally Homeless within 14 days of the AHFE application and/or has received an eviction notice (this includes households that are involuntarily doubled up).  Has been literally homeless, institutionalized in a publicly funded system of care and/or involuntarily doubled up for a combined total of 12 or more months over the past three years.  Is being served in an intensive case management program. For example, Assertive Community Treatment. |
| **Rent Assistance HUB Organization Name**    **Staff Attestation**  By placing my name below, I attest that I have assessed this customer’s eligibility for A Home for Everyone funded Rent Assistance and based on the information provided by the customer and checked above have determined them to be eligible. |