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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. |