

CHERP Rapid Re-housing Project Participant Eligibility Requirements

This form is required for all CHERP Rapid Re-housing assistance.

	Head of F	lousehold Full Name:	Date Completed:
	months.	participants must identify all subsidy or ass CHERP assistance must not be provided ther source (e.g., Section 8) are being pro	in the same cost category when subsidies
		Project participant is receiving tenant or rental arrearages, through other public s cost type (document in client file – ineligi	
		Project participant is NOT receiving tena through other public sources for the sam in client file)	nt or project-based rental assistance e time period and/or cost type (document
	In order to	linimum Requirements o receive rapid re-housing financial assista t households must meet the following mini	nce or services funded by CHERP, project mum requirements:
	A. Comp	leted Initial Evaluation/Intake: Yes	Date intake was completed
	B. The household meets both of the following circumstances:		
		No appropriate subsequent housing option	ons have been identified; AND
		The household lacks the financial resource immediate housing or remain in its existing	ces and support networks needed to obtain ng housing.
C. Household lacks a fixed, regular, and adequate nighttime residence, mear at least one)		nighttime residence, meaning: (must check	
		Living in a publicly or privately operated solving arrangements (including congregate hotels/motels paid for by charitable organgovernment programs); OR	e shelters, transitional housing, and
		Sleeping in a place not meant for human buildings, streets/sidewalks; OR	habitation, such as cars, parks, abandoned
		•	nd was sleeping in an emergency shelter or on (cars, parks, streets, etc.) immediately
		Fleeing or attempting to flee domestic vio one of the above mentioned risk factors)	lence (project participants must also meet

All supporting documentation for project participant eligibility must be readily available in client records and case notes. Third-party verification must be provided and is the



preferred method of certifying homelessness for an individual who is applying for CHERP assistance.

Determination of Project Eligibility Completed By:	
PRINT NAME OF PROJECT STAFF	_
	 -
PROJECT STAFF SIGNATURE	DATE
I certify that the information above and any other informatio assistance is true, accurate, and complete.	n I have provided in applying for CHERP
PRINT NAME OF PROJECT PARTICIPANT	_
PROJECT PARTICIPANT SIGNATURE	DATE
I NOULOT I AINTION AINT OIGHATOINE	