**EHH Client File Checklist**

Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Date \_\_\_\_\_\_\_\_\_\_\_\_ Exit Date \_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials \_\_\_\_\_\_\_\_\_\_\_\_

**HOMELESSNESS PREVENTION**

Funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105 and the short-term and medium-term rental assistance requirements in § 576.106.

*In general, the client file must demonstrate a) eligibility; b) types, amounts, and duration of service; and c) that program requirements were met.*

1. \_\_\_\_\_\_ **Intake form/Initial Assessment,** with entry date clearly documented.*(24 CFR 576.401(a))*
2. \_\_\_\_\_\_ **Documentation** that the client meets an eligible **definition of homelessness.** *(24 CFR 576.55(b))*

[ ]  At-Risk-of-Homelessness

[ ]  Imminent risk of homelessness (category 2 homeless)

[ ]  Homeless under other federal statues (category 3 homeless)

☐ Fleeing/attempting to flee domestic violence (category 4 homeless)

1. \_\_\_\_\_\_ If there is no source documentation or third-party documentation, certification from the agency that efforts were made to obtain it. *(24 CFR 576.500(c))*
2. \_\_\_\_\_\_ An **income evaluation form establishing that the client earns less than 30% CMI.** The form must contain the minimum requirements specified by HUD and **corresponding source documents**. In the absence of source documentation, there may be third-party verification and in the absence of third-party verification there must be at least certification from the client. *(24 CFR 576.401)*
3. \_\_\_\_\_\_ Record of **services provided** *(24 CFR 576.105 & 106**,* *576.500(l))*

|  |  |
| --- | --- |
| Financial Assistance | Stabilization Services |
| [ ]  Security deposit[ ]  Rental assistance[ ]  Rental arrears[ ]  Rental application fees[ ]  Last month’s rent[ ]  Utility deposits/payments[ ]  Moving costs | [ ]  Housing search and placement[ ]  Housing stability case management[ ]  Mediation[ ]  Legal services[ ]  Credit repair |

1. \_\_\_\_\_\_ Evidence that the client was informed of the agency’s **termination procedure** and any correspondence related to a termination proceeding, if applicable. *(24 CFR 576.56(a3)) (not required for single-day services)*
2. \_\_\_\_\_\_ Demonstration of **referral and connection** to homeless and mainstream services. *(24 CFR 576.401(d))*
3. \_\_\_\_\_\_ Documentation of **case management meetings at least monthly**. Documentation of at least one meeting if paying arrears, mediation services, legal services, and/or credit repair. *(24 CFR 576.401(ei))*
4. \_\_\_\_\_\_ Record of a **Housing Stability Plan** to assist the program participant to retain permanent housing after the assistance ends. *(24 CFR 576.401(eii)) (not required for mediation, legal services, or credit repair)*
5. \_\_\_\_\_\_ Certification of the client’s program **entry into HMIS** (or comparable database). *A statement initialed by a staff member is sufficient.*
6. \_\_\_\_\_\_ If the client receives more than three months of assistance, **evidence of continued eligibility** which includes re-evaluation of income and other resources and support networks. *(24 CFR 576.401(b))*

**If rental assistance is provided,** **the following requirements apply:**

1. \_\_\_\_\_\_ A copy of the **lease agreement.** *(24 CFR 576.106(g), 24 CFR 576.500(h))*
2. \_\_\_\_\_\_ Documentation of the **amount and type of financial assistance** provided to the client. *(24 CFR 576.500(f1)&(u))*
3. \_\_\_\_\_\_ Documentation of **payments made to landlords**. *(24 CFR 576.500(h))*
4. \_\_\_\_\_\_ Certification that assisted unit complies with **Rent Reasonableness.** *(24 CFR 982.507)*
5. \_\_\_\_\_\_Certification that assisted unit is at or below the **Fair Market Rent** for the area**.** *(24 CFR 982.503)*
6. \_\_\_\_\_\_ A completed minimum **Habitability Standards** checklist.*(24 CFR 576.403)*
7. \_\_\_\_\_\_ If payment assistancelasts more than 100 days, the unit was built before 1978,and a child under 6 years of age or a pregnant woman is/will be in residence, demonstration that the **unit assisted is lead safe** and that the agency **followed lead-safe rules.** *(24 CFR 576.403(a))*
8. \_\_\_\_\_\_ **Rental Assistance Agreement** with the landlord outlining the terms of the assistance. *(24 CFR 576.106(e), 24 CFR 576.500(h))*

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