



CityFHEPS Verification of Eligibility

Applicant Name: _____

1. Referral Source			
<input type="checkbox"/> Homebase	<input type="checkbox"/> HRA APS	<input type="checkbox"/> ACS	<input type="checkbox"/> DYCD

2. Income	
<input type="checkbox"/> New Cases - Household income is at or below 200% of the Federal Poverty Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transfer cases - Household income is at or below 250% of the Federal Poverty Guidelines:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Eligibility Criteria (must check one of the following six categories)	
1. Has any household member served in the United States Armed Forces (veteran)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name of veteran: _____	
2. Has any household member faced an eviction or been evicted in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," the household must also meet at least one of the criteria below:	
a. Is any household member in receipt of Adult Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the household live in a rent-controlled apartment and seek to use rental assistance to preserve that apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has any household member previously resided in a DHS shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the household referred by a CityFHEPS qualifying program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(select the program below)	
<input type="checkbox"/> DHS Intake (diversion referral form or PCS confirmation email)	
<input type="checkbox"/> Staten Island Homebase Pilot (referring CAMBA address must be Bay Street)	
<input type="checkbox"/> NYC Department of Correction Pilot (CARES screen shot showing pilot indicator)	
<input type="checkbox"/> NHPO (diversion referral form or PCS confirmation email)	
<input type="checkbox"/> HPD Housing Lottery (HPD letter and CARES shelter history print out)	
<input type="checkbox"/> Three-Quarter Housing Task Force (HRA Certification Letter [DSS-7b])	
<input type="checkbox"/> NYC ACS (ACS Certification Letter)	
<input type="checkbox"/> NYC DYCD (DYCD Certification Letter)	
Note: The documentation identified in the parenthesis for each program must be included in the submitted packet.	
4. <input type="checkbox"/> PATHWAY Home or LINC VI household	
5. <input type="checkbox"/> Approved Good Cause transfer request (PCS confirmation email)	
6. <input type="checkbox"/> Approved Update/Conversion from _____	
	(former rental assistance supplement program)

4. Risk Assessment

Housing Options

Assess the applicant’s housing options, including alternative housing assistance as well as support networks such as family, friends, faith-based or other social networks.

Risk of Homelessness (Veterans and CityFHEPS qualifying program referrals only)

I certify that this applicant has been assessed and determined to be at risk of shelter entry but for the assistance of the CityFHEPS program.

5. Program Staff Signature

Program Staff Signature: _____ **Date:** _____

Program Staff Name: _____