In accordance with 24 CFR 570.506, agencies must acquire information to determine client eligibility as well as for general reporting purposes.

To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

For Subrecipient Use

Low/Mod Eligibility (Check One)
0-30% MFI ______ 31-50% MFI ______
51-80% MFI ______ 80+ MFI ______
Source of Income: ____________________________

Is client a resident of HCCSD Service Area?
☐ Yes ☐ No ☐ Homeless

Did you attach Harris County Appraisal District Information?  ☐ Yes ☐ No

Jurisdiction Codes:

______________________________

Is client approved for services?
☐ Yes ☐ No

Type of service received:
Counseling _______ Job develop _______
Shelter _______ Financial Assistance: ______
Food pantry _______ Housing placement/asst. ______
Other _______ Explain: __________________

Authorized by: (signature of authorized subrecipient staff)
Name: ________________________________
Signature: ______________________________
Date: ________________________________

For HCCSD Use

Is this an eligible client and activity?
☐ Yes ☐ No

Reviewed By: ________________________________
Date: ________________________________

* The head of household is the person in whose name the housing unit is owned or rented.