



HCCSD Project No. 2018- _____
INDIVIDUAL ELIGIBILITY FORM
Homeless Assistance Projects (CBDG)

In accordance with 24 CFR 570.506 and HCCSD Policy, 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.

Client Eligibility Information (Please print clearly)

Last Name First Name

HOMELESS

Address, City, Zip Code

Head of Household: Male Female

Number of Persons in Household:

Annual Household Income: Homeless

Client Information:

Age: Sex: Male Female

Ethnicity: Hispanic Non-Hispanic

Race: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/ Other Pacific Islander American Indian/Alaskan Native/ White Asian and White Black/African American and White American Indian/Alaskan Native and Black/African American Other Multi-racial

Disabled: Yes No

Homeless: Yes No

Eligible Immigration Status: Please indicate if your temporary U.S. residency status was granted pursuant to 245A or 210 of the Immigration and Nationality Act.

Yes No or Not Applicable

I certify that, to the best of my knowledge and belief, all the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated. I understand and agree to comply with the requirements of 24 CFR 570.613.

Name:

Signature:

Date:

For HCCSD Use

Is this an eligible client and activity? Yes No

Reviewed by/date:

For Subrecipient Use

Is client approved for services?

Yes No

Meets the homeless definition (24 CFR 576.2)

Please mark the appropriate box below and on the attached HUD "Homeless Definition" chart.

- (1) Literally Homeless individuals/families.
(2) Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources, or support networks.
(3) Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute and 3 additional criteria.
(4) Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence, resources or support networks.

Does the file contain sufficient homelessness documentation in accordance with HUD's record keeping requirements?

Yes No

Type of services received:

Shelter
Hot Meals
Clinical Services
Employment Assistance/Job Training
Outpatient Mental Health/Substance Abuse Svcs
Other

Authorized

by/date: (signature of authorized sub recipient staff/date)

Printed Name:

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)