

## Emergency Solutions Grant (ESG) Verification of Eligibility

**RE-EVALUATION – every 3 months for Prevention, every year for Rapid Re-Housing**

Client Name	
HMIS Client Identifier	
Date	

*Agencies must re-evaluate eligibility every 3 months for households receiving Prevention assistance and every year for households receiving Rapid Re-Housing assistance. In order to continue receiving assistance, households must meet both of the following conditions:*

- Household income must be below 30% AMI (Section 1)

**AND**

- The household must lack sufficient resources and support networks necessary to retain housing without ESG assistance (Section 2)

**Section 1 - Income Verification** *(all household members 18 years and older):*

Type of Income	Required Documentation
Wages and Salary Income	<input type="checkbox"/> Copy of most recent pay stub(s). <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation. <b>OR</b> <input type="checkbox"/> Oral verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation (complete Third Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Self Employment and Business Income	<input type="checkbox"/> Copy of most recent federal and state tax return. <b>OR</b> <input type="checkbox"/> Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form).

Interest and Dividend Income	<input type="checkbox"/> Copy of most recent interest or dividend income statement. <b>OR</b> <input type="checkbox"/> Copy of most recent federal and state tax return. <b>OR</b> <input type="checkbox"/> Self-declaration that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Pension/Retirement Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice from Social Security, pension provider, or other source. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
Unemployment and Disability Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).
TANF/Public Assistance	<input type="checkbox"/> Copy of most recent payment statement or benefit notice. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from welfare administrator that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.) <b>OR</b> <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).

<p>Alimony, Child Support, Foster Care Payments</p>	<p><input type="checkbox"/> Copy of most recent payment statement, notices, or orders.  <b>OR</b>  <input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.  <b>OR</b>  <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).  <b>OR</b>  <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>
<p>Armed Forces Income</p>	<p><input type="checkbox"/> Copy of pay stubs, payment statement, or other government issued statement indicating income amount.  <b>OR</b>  <input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.  <b>OR</b>  <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).  <b>OR</b>  <input type="checkbox"/> Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form).</p>

**Section 2 – No Subsequent Residence and Insufficient Resources/Support Networks:**

<p>Please describe how the household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and that no other housing options have been identified.</p>	
<p>Client Signature</p>	
<p>Caseworker Signature</p>	
<p>Date</p>	