

HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
VERIFICATION OF INCOME - QUARTERLY REVIEW

Name: \_\_\_\_\_
(Head of Household)

- Eligibility determined at initial Intake and Assessment (HPRP Form No. 2)

2nd Quarter: Date \_\_\_\_\_

Gross Income: \_\_\_\_\_ AMI: \_\_\_\_\_

Qualify for Additional Assistance? Yes [ ] No [ ]

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes [ ] \_\_\_\_\_
o Complete calculation worksheet Yes [ ]
• No [ ]

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

3rd Quarter: Date \_\_\_\_\_

Gross Income: \_\_\_\_\_ AMI: \_\_\_\_\_

Qualify for Additional Assistance? Yes [ ] No [ ]

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes [ ] \_\_\_\_\_
o Complete calculation worksheet Yes [ ]
• No [ ]

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility

Prevention: (At review, income cannot exceed 50% AMI). Up to 6 months rental assistance; Rental arrearages—3 months maximum if it prevents an eviction; Utility Payments + Utility Arrearages—\$1,500 maximum per household.

Rapid Re-housing: (At review, income cannot exceed 50% AMI). Up to 15 months rental assistance; Security Deposit—up to one month; Utility Deposits—up to \$200 limit per occurrence; Utility Payments + Utility Arrearages—\$1,500 maximum per household.

**Funding Stream**

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Name: \_\_\_\_\_  
Head of Household

**4<sup>th</sup> Quarter:** Date \_\_\_\_\_

Gross Income: \_\_\_\_\_ AMI: \_\_\_\_\_

Qualify for Additional Assistance? Yes  No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes  \_\_\_\_\_
  - Complete calculation worksheet Yes

- No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**5<sup>th</sup> Quarter:** Date \_\_\_\_\_

Gross Income: \_\_\_\_\_ AMI: \_\_\_\_\_

Qualify for Additional Assistance? Yes  No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes  \_\_\_\_\_
  - Complete calculation worksheet Yes

- No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_