

### 3 Month Re-Certification of Eligibility for Ongoing ERUC Assistance

**\*Note: All arrearages should be reduced or preferably eliminated prior to distributing ongoing (future) rental or utility assistance**

#### Instructions

This data is collected for purposes of a 3 month re-certification of eligibility for the Your Way Home Emergency Rent and Utility Coalition's program in response to COVID-19 (ERUC-CV).

This is a verbal statement from the beneficiary documenting current monthly Gross Income, the number of beneficiary members in the family or household, and the relevant characteristics of each member for the purposes of income determination. For the purposes of this regulation, income will be defined according to the Code of Federal Regulations at 24 CFR, Part 5.

*The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. All adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.*

Date:	Client Name:	Unique ID:
Additional household members' names:		
<b>Reviewed and Included in File ✓</b>	<b>Re-Certification Documentation</b>	
	Income Eligibility Worksheet (see below)	
	Self-certification of ongoing COVID hardship on household (see below)	
	Proof of Income for the past 30 days for every adult in the household	
	Proof of ongoing financial hardship due to COVID, such as paystubs or employer verification of decreased income, termination letter from employer, state or federal unemployment letter, etc.	
	Proof of ongoing risk of homelessness or housing instability, such as written documentation from landlord showing amount of rental arrearages and/or utility bill showing amount of utility arrearages. Also acceptable are <a href="#">HUD recordkeeping requirements</a> for risk of homelessness.	
	Signed Landlord Letter, if applicable	

### Household Income – Head of Household and Other Adults in the Household

Only report on regular, recurrent income sources that are current as of today. Include any income received to your household that a minor receives (e.g. SSI), however income from employment of a minor can be excluded.

Do you or any other Adult Household Member have any current income from any source?

☐ No ☐ Yes

If Yes, enter the **monthly** amount received based on current income at time of application. If unsure of exact monthly amount, enter your best estimate. Answer 'No' for sources that have been terminated.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Unemployment Insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Private disability insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Worker's Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
General Assistance (GA)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Child support	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Alimony or other spousal support	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Other source If yes, specify source: _____	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0

Total monthly income from all sources	\$				. 0 0
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**Ongoing Impacts of COVID-19 on the Household Being Assisted**

Check as many boxes as appropriate

- ☐ You were laid-off from your primary place of employment as a direct result of COVID-19.
- ☐ You had a reduction in income as a direct result of COVID-19.
- ☐ You or a member of your household has been diagnosed with COVID-19 or are experiencing symptoms of COVID- 19 and seeking a medical diagnosis.
- ☐ You are providing care for a family member or a member of your household who has been diagnosed with COVID- 19.
- ☐ A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of COVID-19 public health emergency and such school or facility care is required for you to work.
- ☐ You are unable to reach your place of employment (or commence employment) because of imposed quarantine or self-quarantine (at direction of health care provider) as a direct result of the COVID-19 public health emergency.
- ☐ You have become the breadwinner or major support for a household as a direct result of COVID-19.
- ☐ You had to quit your job as a direct result of COVID-19.
- ☐ Your place of employment is closed as a direct result of COVID-19.
- ☐ Without the assistance provided by this program, I would become homeless or am currently homeless.

**Each person signing below certifies to the following:** To the best of my knowledge, the ERUC participants named above meet all requirements to receive ongoing assistance under the Your Way Home ERUC program. To the best of my knowledge and ability all of the information used in making this eligibility determination is true and complete.

I certify that the information provided is truthful, complete, and correct. I certify I am experiencing ongoing financial hardship related to COVID-19.

\_\_\_\_\_  
ERUC Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ERUC Provider Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date