

HSNH Rapid Re-housing Project Participant Eligibility Requirements

Pro	oject Pa	articipant/Head of Household Full Name:_		
		o receive rapid re-housing financial assista t households must meet the following min	ance or services funded by HSNH, project imum requirements:	
A.	Comp	Completed Initial Evaluation/Intake: Yes Date intake was completed:		
B. The household meets the following circumstances (mu			es (must meet both):	
		☐ No appropriate subsequent housing options have been identified		
		The household lacks the financial resour immediate housing or remain in its existing the state of the state o	ces and support networks needed to obtaining housing.	
C.	Household lacks a fixed, regular, and adequate nighttime residence. Third-party verification must be provided in project participant file. (<u>Must check at least one</u>):			
		Living in a publicly or privately operated living arrangements (including congrega hotels/motels paid for by charitable orga government programs); Sleeping in a place not meant for human buildings, streets/sidewalks;	te shelters, transitional housing, and	
			r and was sleeping in a place not meant for ntering that institution.	
D.	Verification of non-duplication of assistance: Project participant is is not receiving tenant or project-based rental assistance, excluding rental arrearages, through other public sources for the same time period and/or cost type.			
De	termin	ation of Eligibility completed by:		
PR	OJECT	Γ STAFF PRINT NAME	DATE	
PR	OJECT	Γ STAFF SIGNATURE	DATE	
		at the information above and any other infor tion process for HSNH assistance is true, a		
PR	OGRA	M PARTICIPANT SIGNATURE	DATE	
DR	OJECT	C STAFF SIGNATURE		