



**TANF HOMELESSNESS PREVENTION  
Application & Eligibility Form**

**Date of Request:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**HMIS #:** \_\_\_\_\_  
**Housing Stability Case Manager:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_

**Has applicant received TANF Prevention Assistance previously?**

Yes  When: \_\_\_\_\_  
 No

**Total Assistance Being Requested:**

Past Due Utility: \$ \_\_\_\_\_  
 Past Due Rent: \$ \_\_\_\_\_

|          | <u>All Household Members</u><br><i>Note: At least one minor under the age 18 has to be in the home</i> | <u>Age</u> | <u>Relationship</u> |
|----------|--|------------|---------------------|
| <u>1</u> |  |            | <u>Self</u>         |
| <u>2</u> |  |            |                     |
| <u>3</u> |  |            |                     |
| <u>4</u> |  |            |                     |
| <u>5</u> |  |            |                     |
| <u>6</u> |  |            |                     |
| <u>7</u> |  |            |                     |
| <u>8</u> |  |            |                     |
| <u>9</u> |  |            |                     |

**Ensure the following components are completed:**

- Current Case Notes identifying assistance needed
- Current Budget uploaded in HMIS
- Current case note indicating participant is in follow up mode

*Note: Participants cannot be receiving RRH rental subsidy.*

**Verify necessary documentation is uploaded:**

**Client name, date and address** must be on the proof:

- Past Due Utility Bill (*Exceeding no more than 3 months of arrears totaling \$1200*)
  - Electricity
  - Water
- Past Due Rental Notice (*Exceeding no more than 2 months of arrears totaling \$2400*)
  - **Cannot be court issued eviction notice as assistance cannot be provided**
- Valid Government issued ID
  - Proof of U.S Citizenship or lawful Permanent Residency
- Lease Upload
  - Address and signatures has to be visible
- Proof of **all** income for all adults 18+ (*Household income must demonstrate ability to maintain services*)
  - Most recent paystub, cash benefits, SSI/SSDI letters, child support, TANF, etc.



**TANF HOMELESSNESS PREVENTION  
Application & Eligibility Form**



**HSN USE ONLY**

***Income Calculation (for ALL Family Members)***

| Income       | Earners/Description | Wage/Income | Avg. Hours Worked (if applicable) | Frequency | Annualized |
|--------------|---------------------|-------------|-----------------------------------|-----------|------------|
| Source 1     |                     | \$          |                                   |           | \$         |
| Source 2     |                     | \$          |                                   |           | \$         |
| Source 3     |                     | \$          |                                   |           | \$         |
| Source 4     |                     | \$          |                                   |           | \$         |
| <b>TOTAL</b> |                     |             |                                   |           | \$         |

**200% of Federal Poverty Level (2019 Poverty Guidelines)**

| Family Size | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        |
|-------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Income      | \$33,820 | \$42,660 | \$51,500 | \$60,340 | \$69,180 | \$78,020 | \$86,860 | \$95,700 |

Family income is at or below 200% of Federal Poverty Level, based on family size.

| Funds Requested | Amount Requested | Approved | Amount Approved For | Declined |
|-----------------|------------------|----------|---------------------|----------|
| Rent/Mortgage   | \$               |          | \$                  |          |
| Utilities       | \$               |          | \$                  |          |

**For Approved Applicants**

- Change referral status to Accepted/ Closed/ Fully Met in HMIS
- Email Case Manager advising of approval and payment distribution timeline
- Create Service Transaction for approved funds
- Sign Eligibility Review and upload in HMIS. Keep Hard Copy in Locked Drawer
- Record acceptance on internal Excel sheet to track fund distribution and outcome of service acceptance within 12 months

**For Declined Applicants**

- Change referral status to Declined/Closed/Not Met in HMIS
- Email Case Manager advising of decline and reason
- Keep Hard copy in Locked Draw

HSN Staff: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_