



## Homeless Prevention & Rapid Re-Housing (HPRP) FIRST MONTH'S MOVE-IN PROGRAM

**If you are applying for assistance, the items listed below are needed to determine your eligibility:**

1. Photo Identification of applicant
2. Social security cards for everyone in the household
3. Original U.S. birth certificate or legible copy; U.S. passport or permanent resident card if you are not a U.S. citizen (PRIMARY APPLICANT ONLY)
4. Birth-Date information for all other household members
  
5. Government Housing-Tenant worksheet is mandatory if you are under Sec. 8 , public housing or HUD housing
  
6. Eviction notice that caused you to become homeless
  
7. Proof of any money your household received from any source in the last 30 days (30 days from the date of application) *Examples of Income:*
  - *Employment:* Check stubs for last 30 days from day of application
  - *DES-* Des case profile to show the following: family composition/FOOD STAMPS/CASH benefits
  - *Child Support-* current child support print-out from Superior court or Child Support Enforcement (ATLAS); if not court ordered a notarized statement from the parent providing the support
  - *Social Security benefits-* current award letters for present year
  - *VA/Pension benefits-* current award letter for present year
  - *Unemployment benefits-* If you applied for 30 days unemployment benefits- you must bring printout for past days
  - *Self employed-* Proof of ledgers/ notarized statements for the past 30 days
  - *School Pell Grants/Scholarships-* award letter showing total pell grant/ proof of books/tuition paid
  - *Adults not working-*Proof on company letterhead paper showing last day worked/paid and amount of final check
  
8. If household is zero income and not receiving any benefits you must provide proof of last day worked, last day paid and amount of final paycheck on company letter-head for the last working adult in the household. In addition, you must provide proof of how the household has survived. *(Example: Food-stamp printout/notarized statements from friends or family, statements from local churches or food pantries.)*
  
9. **CRISIS: What happened that caused you to become homeless?**
  
10. Name and phone of future landlord. **DO NOT SIGN LEASE OR MOVE-IN UNTIL YOU HAVE BEEN DETERMINED ELIGIBLE.**

### ***CDBG/HOME Programs*** ***HPRP Income Limits:***

<i>Household Size</i>	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Person</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>	<b>9 Persons</b>	<b>10 Persons</b>
<i>50% of Median Income (\$)</i>	23,050	26,350	29,650	32,950	35,600	38,200	40,850	43,500	46,150	48,750

• *Household Income Limits/Annual Gross Wages*

**NOTE: If you must return for multiple visits to our office, it is your responsibility to update all income verification for all household members including the date of application.**

For special accommodations, please contact the Community Action Program at 623-930-2854. TDD 623-930-2197.

This program is funded by HUD/HPRP