



**Prevention-Emergency Rental Assistance (ERA2)  
Referral Form**

**PREVENTION – for Households At-Risk or at Imminent-Risk of Homelessness**

**This form is required when providing financial assistance or services**

Date:	
Client Name:	
Spouse/Partner:	
Children:	
Children:	
Children:	
Children:	

*To qualify for prevention assistance, whether “At-Risk” or “At-Imminent Risk”, households must first meet both of the following conditions:*

- Household income must be at or below 50% AMI
- Household lacks the financial resources and support networks necessary to obtain or remain permanent housing, and no other housing options have been identified.

**AND**

- Before providing financial assistance, copies of Birth Certificates, Identification (DL or State ID), Social Security Cards and income/assets verification (for anyone in household 18 or older) must be obtained for anyone living in the household.

**Section 1 – Housing Status Verification:** \*Risks 3, 4 and 7 are given priority

**Risk 1:** Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance

**Risk 2:** Is living in the home of another because of economic hardship

**\*Risk 3:** Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance

**\*Risk 4:** Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals

**Risk 5:** Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau

**Risk 6:** Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution)

**\*Risk 7:** Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan: 1) does not have running water, or 2) does not have electricity or has an inadequate or unsafe electrical service, or 3) does not have a safe or adequate source of heat.

**Risk 8/Category 2:** A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15))

**Risk 9/Category 3:** Category 3- A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

**Section 2 - Income Verification** (all household members 18 years and older):

Type of Income	Required Documentation
Zero Income	<input type="checkbox"/> Zero Income Certification form.
Wages and Salary Income	<input type="checkbox"/> Copy of most recent pay stub(s). <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation. <b>OR</b> <input type="checkbox"/> Oral verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation.

Self Employment and Business Income	<input type="checkbox"/> Copy of most recent federal and state tax return. <b>OR</b> <input type="checkbox"/> Affidavit of Self-Employment Income form (KHC form HCA 140).
Interest and Dividend Income	<input type="checkbox"/> Copy of most recent interest or dividend income statement. <b>OR</b> <input type="checkbox"/> Copy of most recent federal and state tax return.
Pension/Retirement Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice from Social Security, pension provider, or other source. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).
Unemployment and Disability Income	<input type="checkbox"/> Copy of most recent payment statement or benefit notice. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).
KTAP/Public Assistance	<input type="checkbox"/> Copy of most recent payment statement or benefit notice. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from welfare administrator that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. Equivalent case notes may be substituted.).
Alimony, Child Support, Foster Care Payments	<input type="checkbox"/> Copy of most recent payment statement, notices, or orders. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form).

Armed Forces Income	<input type="checkbox"/> Copy of pay stubs, payment statement, or other government issued statement indicating income amount. <b>OR</b> <input type="checkbox"/> Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. <b>OR</b> <input type="checkbox"/> Oral verification from source that includes name of income source and income amount.
---------------------	--

**Section 3 – No Subsequent Residence and Insufficient Resources/Support Networks:**

Please describe how the household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and that no other housing options have been identified.	
--	--

Caseworker Signature & Date	
Participant Signature & Date	

**Section 4 – Three Month Eligibility Re-Evaluation:**

*For prevention assistance, agencies must re-evaluate household eligibility at least once every three months. In order to continue receiving assistance, households must meet both of the following conditions:*

- Household income must be at or below 50% AMI
- AND**
- The household must lack sufficient resources and support networks necessary to retain housing without ESG-CV assistance

**STAFF USE ONLY**

Staff Name: \_\_\_\_\_

Referral Received Date: \_\_\_\_\_