



In accordance with **24 CFR 576.500**, agencies must acquire information to determine client eligibility as well as for general reporting purposes.

To participate in this program that is funded by Federal Funds, you must fill out this form completely and accurately.

**FOR SUBRECIPIENT USE**

Meets the homeless definition (24 CFR 576.2)

Please mark the appropriate box below and on the attached HUD "Homeless Definition" chart.

- (1) Literally Homeless individuals/families.
- (2) Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources, or support networks.
- (3) Unaccompanied youth or families with children/youth who meet the homeless definition under another federal statute and 3 additional criteria.
- (4) Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence, resources or support networks.

Does the file contain sufficient homelessness documentation in accordance with HUD's record keeping requirements?

Yes  No

Is client approved for services?

Yes  No

Type of services received:

- |   |  |
|---|--|
| <input type="checkbox"/> Shelter              | <input type="checkbox"/> Counseling        |
| <input type="checkbox"/> Food Pantry          | <input type="checkbox"/> Job Training      |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Housing Placement |
| <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Substance Abuse   |
| <input type="checkbox"/> Other: _____         |  |

**Authorized by** (signature of authorized subrecipient staff)

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

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

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

**Client Eligibility Information** (Please print clearly)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address, City, Zip Code

Head of Household:  Male  Female

Number of Persons in Household: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Is the Household Income less than 30% AMI:  Yes  No

**Client Information:**

Age: \_\_\_\_\_ Sex:  Male  Female  Transgender

Ethnicity:  Hispanic  Non-Hispanic

Race:  White (Non-Hispanic)  
 Black/ African American (Non-Hispanic)  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/ Other Pacific Islander  
 American Indian/Alaskan Native/ White  
 Asian and White  
 Black/African American and White  
 American Indian/Alaskan Native and Black/African American  
 Other Multi-racial

Disabled:  Yes  No

Homeless:  Yes  No

**I certify that, to the best of my knowledge and belief, all the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated. I understand and agree to comply with the requirements of 24 CFR 576, as applicable.**

Client Name: \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

**\*\*Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)