This SAMPLE intake form and instructions are provided as a resource for ERA1 HSS Subrecipients and not as a requirement. Subrecipients may use this form at client intake or as a checklist to ensure all required certifications and household information is collected and documented in each client file.

**Intake Form Checklist Sample Instructions**

**Applicant Name:** Collect name of applicant applying for services for his or her household. Names and other personal identifiable information will not be reported to TDHCA on a monthly basis.

**Unique Identifier:** Determine a unique household ID for the household served. This unique ID should be tied directly to an application, including applicant name and eligibility documentation, in your organization's records. Unique IDs are reported to TDHCA on a monthly basis, along with general household information, income and eligibility information, and household demographics.

**County/Zip Code:** Collect the county and zip code where the household currently resides. *If the household currently has no permanent residence, please input either a future residence or the county and zip code where service was provided.*

**Non-Duplication Certification:** Clients must certify that they have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and same period of time that might produce a duplication of benefits. *Please note that receiving rental assistance from other programs or receiving different stability services is allowable.*

**Acknowledgement of Housing Instability:** Clients must certify that they are at risk of housing instability, are currently experiencing homelessness, or is survivor of domestic violence fleeing from abuse.

**Acknowledgment of Being Financially Impacted by the Pandemic:** Clients must certify that due to or during the pandemic they have been financially impacted (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

**Self-Attestation of Income Eligibility:** Clients must report and certify their household income. **Self-attestation from a household must be certified by a caseworker, housing navigator, or other housing stability service professional.** In appropriate cases, Subrecipients may rely on an attestation from a caseworker, housing navigator, or other housing stability service professional with knowledge of a household’s circumstances to certify that an applicant’s household income qualifies for assistance. Households may need to provide income documentation upon request.

**Household and Income Information**

**Are there Children in the Household under age 18?** Yes/No

**Are there Adult(s) in the Household over age 62?** Yes/No

**Is anyone in the household a person with a disability?** Yes/No

**Is anyone in the household a veteran?** Yes/No

**Gender of Applicant:** Male, Female, Nonbinary, Declined to Answer

**Self-identified Race of household:** American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Multi-Racial/Other, Decline to Answer

**Self-identified Ethnicity of household:** Hispanic or Latino, Not Hispanic or Latino, Declined to Answer

**First-time recipient of HSS Services:** Yes/No

**Gross Monthly Income:** Enter the household's annual gross income in USD ($).Use either self-reported income or documented income as applicable. If the household has no income, enter $0.

**Household Size:** 1-8 Enter the number of persons in the household seeking assistance. A household is defined as any group of people that present together for assistance and identify themselves as a family or household, regardless of age or relationship or other factors.

**Area Median Family Income (AMI):** Calculate the household’s AMI qualification using their self-reported income or other income documentation if requested, the household size, and AMI levels for your area. Confirm reported income against the applicable 80% income limit as listed here:<https://www.huduser.gov/portal/datasets/il.html> and document it on the applicant’s case file. Report the household’s income as 80%-51%, 50%-31%, or 30%-0%. Note that if the income exceeds 80% AMI, they are not eligible for assistance.

**Does the client need to provide documentation of income to confirm attestation?** Determine whether client needs to provide documentation to confirm attestation or is self-attestation is sufficient to receive HSS funded services. The Housing Professional may affirm self-attestation through knowledge of client’s income eligibility, through knowledge of homelessness, or through another method. A client should provide documentation of income to confirm attestation if the Housing Professional does not have knowledge of a households circumstances. See the HSS Eligibility Flowchart for more detail.

 Applicant Name (Head of Household): Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Identifier: County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household and Income Information:**

Are there Children in the Household under age 18? \_\_\_\_\_\_\_

Are there Adult(s) in the Household over age 62? \_\_\_\_\_\_\_

Is anyone in the household a person with a disability? \_\_\_\_\_\_\_

Is anyone in the household a veteran? \_\_\_\_\_\_\_\_\_\_\_

Gender of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_

Self-identified Race of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-identified Ethnicity of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First-time recipient of HSS Services (Yes/No) \_\_\_\_\_\_\_\_\_

**Gross Monthly Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Household Size:** \_\_\_\_\_\_\_\_

*(Staff Calculate AMI – see chart)*

* AMI 80%-51%
* AMI 50%-31%
* AMI 30% - 0%

**Does the client need to provide documentation of income to confirm attestation?**

* **Yes Date of Income Verification:**\_\_\_\_\_\_\_\_\_\_\_\_

(Additional documentation may include pay stubs for 30 days, 2020 annual income, self-certification or categorical eligibility by receiving assistance from Head Start, LIHEAP/CEAP, SNAP, SSI, TANF, Tribal TANF, Veterans Affairs Disability Pension, tenant based or Section 8 assistance.)

* **No** I certify that the income provided is accurate.

**Non-Duplication of benefits**

* **Non-Duplication Certification:** I certify I (or any household member) have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and the same time period that might produce a duplication of benefits. *Please note that receiving rental assistance from TDHCA or receiving different stability services is allowable.*

**Acknowledgement of Housing Instability** (*select one, if applicable*):

* **Risk of Housing Instability:** I certify I (and my household) am/are at risk of experiencing homelessness or housing instability, or will need to move to an unsafe environment if I do not receive housing stability assistance.
* **Self-Declaration of Homelessness:** I certify I (and my household) am/are currently experiencing homelessness, or are survivors of domestic violence fleeing from abuse.

**Acknowledgment of Being Financially Impacted by the Pandemic**

* **Financially Impacted by the Pandemic**: I certify I (and my household) that due or during the pandemic I have been impacted financially (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

**Self-Attestation of Income Eligibility**

Self-attestation of household income without further verification as to household income is sufficient for determining income eligibility for Housing Stability Services under ERA1. Self-attestation from a household must be certified by a caseworker, housing navigator, or other housing stability service professional. In appropriate cases, Subrecipients may rely on an attestation from a caseworker, housing navigator, or other housing stability service professional with knowledge of a household’s circumstances to certify that an applicant’s household income qualifies for assistance. Households may need to provide income documentation upon request.

* **Self-Attestation**: I certify I (and my household) have an income below 80% of Average Median Income (AMI) using the HUD income limit documentation system for my county (as provided by Subrecipient staff) and am eligible for services funded by the Housing Stability Services (HSS) program.
* **Housing Professional Certification:** I certify the household’s income is below 80% of AMI and is eligible for services funded by the HSS program.

By signing below, I (the applicant and/or staff) certify that this information is correct to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_ **Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_

*\*client signature is not required in certain cases*