



## RAPID REHOUSING RECERTIFICATION

SEND VIA ENCRYPTED EMAIL TO: [demo@wcysb.org](mailto:demo@wcysb.org)

### SPONSOR AGENCY CONTACT INFORMATION

Case Manager's Name:	
Email:	
Phone:	
Agency	

### PROVIDE THE FOLLOWING INFORMATION FOR THE HEAD OF HOUSEHOLD

Participant Name:	
HMIS #:	
Email:	
Phone:	
Mailing:	

### SELECT WHICH OPTIONS BEST REPRESENT THIS RECERTIFICATION

<i>This is an:</i>	
<input type="checkbox"/> Annual recertification	<input type="checkbox"/> Interim (mid-year) recertification

<i>I am updating: (select one or both)</i>	
<input type="checkbox"/> Income	<input type="checkbox"/> Household Composition

Recertification application date:	
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## NEW OR DEPARTING HOUSEHOLD MEMBERS

(List all household members who are entering or exiting the household)

Enter / Exit	Name of Household Member	Date of Birth (MM/DD/YY)	Relation to Participant	Gender (see codes below)	Soc. Sec. # (if available)	Race (see codes below)	Hispanic or Latinx?
<b>Gender Selection Codes:</b> F= Female, M= Male, GN= Gender Non-Conforming, TF= Trans-Feminine, TM= Trans-Masculine, CR= Client Refused, DK= Client Doesn't Know, DNC= Prefer Not To Share							
<b>Race Selection Codes:</b> AIN = American Indian or Alaskan Native, A= Asian, B= Black of African American, C= Caucasian, NHPI= Native Hawaiian or Pacific Islander, NS= Not Sure, DNC= Prefer Not To Share							
<input type="checkbox"/> EN							
<input type="checkbox"/> EX							
<input type="checkbox"/> EN							
<input type="checkbox"/> EX							
<input type="checkbox"/> EN							
<input type="checkbox"/> EX							
<input type="checkbox"/> EN							
<input type="checkbox"/> EX							

## HOUSEHOLD EXPENSES AND INCOME EXCLUSIONS

Documentation will be required, see page 9 for documentation details.

<p>Does the participant or any household member currently attend <b>college or post-secondary training program</b> full-time?</p> <p style="text-align: right;"><input type="checkbox"/> Yes, explained below    <input type="checkbox"/> No</p>
<p><b>College/training details:</b> Identify household members attending full-time, which college, university or trade school they attend, enrollment date and expected graduation date.</p>

Does any adult household member (18 or older) have out-of-pocket **expenses for child care** for a child 13 years old or younger so that an adult family member can work or seek work?

Yes, explained below  No

**Child care expenses details:** which household member has the expense, amount of care provided, average weekly cost, contact information for the care provider.

Does the participant or members of household have a disability?

*Note: Documentation will be required for disability, see page 8 for documentation details.*

Yes, details below  No

**Disability details:** Which household members have disabilities and what accommodations may be needed?

*Note: medical expenses related to disability will be asked about below*

Does any member of your family have out-of-pocket **expenses to care for a person with disabilities** so that a household member can work or seek work?

Yes, explained below  No

**Care expenses for a person with disabilities:** which household member has the expense, amount of care provided, average weekly cost, contact information for the care provider.

Does any member of your household have out-of-pocket **medical expenses to care for a person with disabilities** (either for themselves or a family member residing with them)?

Yes, explained below  No

**Medical expenses for a person with disabilities details:** which household member has the expense, amount of expense, purpose of expense. Please provide documentation of expenses.

## PARTICIPANT'S INCOME INFORMATION

INCOME includes all earned income from jobs including full or part-time, one-time, or other earned wages, as well as financial assistance from service agencies like Reach-Up benefits, General or Emergency Assistance funds, child support, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) for you or someone you care for, unemployment benefits and any other benefits or funding received, including recurring gifts or assistance from family members.

**Documentation will need to be provided for each source which could be a letter from an employer or social service agency or pay stubs. Speak with your case manager about the best way to provide documentation of wages and income. See page 9 for documentation details.**

<b>PARTICIPANT ONLY- Income Type:</b>	<b>Gross Income/Month:</b> <i>average monthly pay before taxes and other deductions</i>
Employment Wages (source 1), <i>name of employer:</i>	\$
Employment Wages (source 2), <i>name of employer:</i>	\$
Employment Wages (source 3), <i>name of employer:</i>	\$
VT DCF Reach-Up Benefits (TANF/ ESD)	\$
General Assistance or other State Benefits	\$
Child Support	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Insurance (SSDI)	\$
Financial Assistance to Attend School, <i>source:</i>	\$
Average Monthly Unemployment Benefits	\$
<i>List any other forms of income received and the total amount received in the last 30 days. This could include one-time employment like babysitting, any other payment that you received, or funds given to you by family or friends.</i>	
<i>Other:</i>	\$
<input type="checkbox"/> PARTICIPANT HAS NO INCOME AT THIS TIME (please certify on next page)	

## OTHER HOUSHOLED MEMBER INCOME

Household Member Name:	Income Type:	Gross Income/Month: <i>average monthly pay before taxes and other deductions</i>
	Employment Wages (source 1), <i>name of employer:</i>	\$
	Employment Wages (source 2), <i>name of employer:</i>	\$
	Employment Wages (source 3), <i>name of employer:</i>	\$
	VT DCF Reach-Up Benefits (TANF/ ESD)	\$
	General Assistance or other State Benefits	\$
	Child Support	\$
	Supplemental Security Income (SSI)	\$
	Social Security Disability Insurance (SSDI)	\$
	Financial Assistance to Attend School, <i>source:</i>	\$
	Average Monthly Unemployment Benefits	\$
<i>List any other forms of income received and the total amount received in the last 30 days. This could include one-time employment like babysitting, any other payment that you received, or funds given to you by family or friends.</i>		
	<i>Other:</i>	\$

## HOUSEHOLD NO INCOME STATEMENT

By checking this box, I certify that my household has no income from any source in the past 30 days. I understand that I must report any income within thirty (30) days of receiving it to the Vermont Coalition of Runaway and Homeless Youth Programs through my housing case manager. I also understand that false statements of information are grounds for application denial, termination of housing assistance and/or tenancy, and/or retroactive rent increases.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOUSEHOLD ASSETS

ASSETS include bank accounts, trust funds, stocks, bonds, certificates of deposits (CDs), college savings accounts, retirement savings accounts, and mutual funds. We will need documentation to verify each asset listed, such as monthly statements, work with your case manager to collect and submit.

Bank Accounts			
Account Owner	Type and account number	Institution and Town	Current Amount/Value
			\$
			\$
			\$
			\$

HOUSEHOLD HAS NO BANK ACCOUNTS AT THIS TIME

Have there been any deposits made in the past 30 days that are not anticipated to be ongoing, such as one-time payments from babysitting or gifts from family?  Yes, explained below  No

**Details of unexplained deposits in last 30 days:**

Other Assets			
Account Owner	Type	Institution and Town	Current Amount/Value
	Stocks, Trust Funds, Bonds, CDs		\$
	College savings or retirement accounts including IRAs, 401Ks or other savings		\$
	Other investments or financial assets		\$
	Other:		\$

Has participant disposed of assets for less than market value within the past two (2) years?  Yes  No

**Details including amounts and dates of disposal:**

## PARTICIPANT RELEASE OF INFORMATION

*Each adult in household must sign a separate release*



**VERMONT COALITION  
OF RUNAWAY & HOMELESS YOUTH PROGRAMS**

To verify income and housing status, we will need to contact employers and assistance agencies. Please provide a list of the agencies, businesses, and employers and their contact information for whom you authorize your case manager, and grant administrators at VCRHYP and VSHA to communicate with to verify income, assets and housing status. This should include all income and asset sources listed in your housing application. Fill in as much contact information as you have.

I, \_\_\_\_\_, (Applicant) give consent for the mutual exchange of information between the agencies or individuals listed below and the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), Vermont State Housing Authority (VSHA), and my housing case manager through verbal, electronic or written formats. The purpose of this release is for VCRHYP and VSHA to verify income and housing status, request additional or updated application information, and make a determination of program eligibility and rental assistance levels. The participant understands that they can terminate this release of information at any time by emailing [demo@wcysb.org](mailto:demo@wcysb.org). This authorization is valid for 15 months from the date signed or until exit from this VCRHYP housing project, whichever is sooner.

Agency/ Business/ Employer	Address and Phone Number	Contact Person

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Name or Alias: \_\_\_\_\_

## PARTICIPANT CERTIFICATIONS

These certifications are only for the primary applicant. Each household member who is 18 or over will need to complete a separate release form. Please work with your case manager to complete for additional household members.

Check to Consent	Certification
	By checking this box, I certify that the information I reported as part of my household's application is complete and true to the best of my knowledge.
	By checking this box, I certify that I understand that false statements of information are grounds for application denial, termination of housing assistance and/or tenancy, and/or retroactive rent increases.
	By checking this box, I certify that I have been informed of my rights and responsibilities as a participant in the Vermont Coalition of Runaway and Homeless Youth Programs, Youth Homeless Demonstration Program housing project.
	By checking this box, I agree to the certifications above and want to apply to this housing program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **RAPID REHOUSING PROJECT RECERTIFICATION SUBMISSION CHECKLIST**

*Please make sure you have included all documentation requirements outlined below*

- Application includes all documentation of income and assets.
- A Release of Information is signed by each adult participant in household.
- Certification is signed by each adult participant in household.
- Agency keeps on file a copy of completed application and a record of all documents for 7 years.



**LIST OF ACCEPTABLE INCOME AND ASSET DOCUMENTATION –  
MUST BE PROVIDED BY APPLICANT/PARTICIPANT**

For any household member that is employed:

1. If new employment:
  - a. A recent “letter of hire” showing the number of hours worked per week and the rate of pay; OR
  - b. A payroll summary generated by the employer within the past 60 days which indicates start date.
2. If existing employment (previously verified):
  - a. Paystubs for four consecutive weeks, issued in the past 30 days.

For any household member who receives Social Security benefits:

1. A current Social Security award letter, which may be obtained by going to [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

For any household member who receives Welfare/Reach-Up/General Assistance benefits:

1. A benefit statement/award letter issued by the DCF, Economic Services Division; OR
2. A benefit history issued by DCF, Economic Services Division.

For any household member who receives unemployment benefits:

1. Two consecutive check stubs; OR
2. The award letter stating the amount of the weekly benefit.

For child support paid directly to your household by the non-custodial parent:

1. A copy of the child support order.

For child support paid through the Office of Child Support:

1. Two consecutive check stubs; OR
2. The child support order; OR
3. Correspondence from the Office of Child Support verifying the amount of support received.

For any assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual funds, certificates of deposit, etc.:

1. A current statement issued by the financial institution.

For any household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing that they are enrolled, and whether the enrollment is part time or full time, AND
2. Documentation issued by the institution showing the amount of tuition and financial aid.

For unreimbursed expenses for child care or care of a person with disabilities so that an adult family member can work:

1. Documentation from care provider showing amount of care provided and rate of care.