Household Eligibility/Self-Certification Form

Washington County

(this form MUST be attached to every emergency rent assessment)

To be eligible for SHS, or ORE-DAP household must be eligible under the following criteria, please check all that apply:

One or more household members can demonstrate risk of homelessness or housing instability and must be below 50% Area median Income. Following examples provided by County:		
	i. Has received a written eviction notice from their landlord for non-payment ii. Has a first appearance scheduled in eviction court iii. Is currently in a stipulated agreement with their landlord and is unable to comply iv. Has a history of housing instability and/or homelessness documented in HMIS v. Has been referred by a culturally specific organization, is an immigrant or refugee househousecond language vi. Has received a no-cause eviction notice and meets criteria iv or v above vii. Is living in unsafe/unhealthy housing and meets criteria iv or v above viii. Fleeing Domestic violence ix. Other—please describe:	old, or speaks English as a
CERTIFIC	CATION	
By my penned or electronic signature, I certify under penalty of perjury that the foregoing is true and correct. (If applicant is unable to pen or electronically sign, all applicable below must be identified)		
Applican	at Signature and Printed name:	/ Date:
Interviev	wer Signature: / Date:	
If the applicant is unable to immediately sign this certification all applicable below <u>must</u> be checked.		
□ I do not have the technology needed		
□ I have a disability that will not allow me to sign		