

## Treasury Rent Assistance Program (T-RAP)

## Household Information & Eligibility Form Version 2

Instructions: Use this form to screen and document household eligibility.

1. Household Information										
Household ID:					Da	te:				
(cannot include personal identifying information such as initials or birth date in ID)										
Name:										
Phone:					Email:					
Head of Households Age:					Number of Household Members: Number of Household Members Under 18:					
	ore household i ate. (prioritizat					nd have been une ty)	mpl	oyed fo	or 90 days	before
information v	vill be used to s	creen for	eligibilit	y, but ins	tea	eholds assisted wad to evaluate houselings.  ad to evaluate housestions, they are	w e	quitably	<b>-</b>	
Gender:	Female	Male	Trans Male (FTM)			Trans Female (MTF)	Gender no conformin			Refused / Don't Know
Race:	American Indian or Alaska Native	Asian	Black or African America			lative Hawaiian or Other Pacific slander	Multi- Racial		White	Refused / Don't Know
Ethnicity:	Non-Hispanic/Non-Latinx Hi			Hispanio	lispanic/Latinx			Refused / Don't Know		



## 2. Income Calculation

Current income must be at or below 50% AMI. <u>Income includes all adult (18 years and older) household members</u> and unearned income attributable to a minor. A household is one or more individuals seeking assistance together. Provider must calculate the household's total gross income for calendar year 2020 **or** the household's current monthly income at the time of application.

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: \$(60 days of total income)/2 = Average income X 12 months=Annual income

Household name/ household members	Source of Income (see income types below)	Gross I pay pe	ncome in a riod	Calculation method	Annual Income
Example: Joey Fatone	wages	\$1,000		12	\$12,000
Joey rutone					\$
					\$
	\$				
	\$				
☐ Income at or below 5	0% of <u>Area Median I</u>	ncome (A	AMI)		I
Household AMI Tier Household Month					nnual Income/12):
☐ Income below 30% AI☐ Income between 30%☐ Income between 50%☐	\$				

Type of income:	Check the box for income type:	<b>How to document:</b> Grantees should request source documentation to document income. If it cannot be obtained, grantees can use a <u>written</u> self-declaration by the household. Self-declarations should be used under limited circumstances. Please use T-RAP Self-Declaration Form.				
No Income		Self-declaration by household.				
Wages and Income (including Self Employment, Business Income, Armed Forces Income)		Copy of most recent pay stub(s), W-2 or other payment statement, tax filings, profit and loss report from applicant's accounting system, or bank statements demonstrating regular income.  OR  Attestation from employer: Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation.  OR  Self-declaration by household.				
Public Assistance (including but not limited to: TANF, Housing Choice Voucher, Public Housing)		Determination letter/statement from another local, state, or federal government assistance program that verified the household income on or after January 1, 2020.  OR  Self-declaration by household.				
Pension/ Retirement Income		Copy of most recent statement, benefit notice from Social Security, pension provider or other.  OR  Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount.  OR  Self-declaration by household.				
Unemployment and Disability Income		Copy of most recent payment statement or benefit notice.  OR  Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount.  OR  Self-declaration by household.				
Alimony, Child Support, Foster Care Payments		Copy of most recent payment statement, notices, or orders.  OR  Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.  OR  Self-declaration by household.				

4. Housing Status	
<b>How to document:</b> Check the box for documentation type.	
☐ A past due utility notice or eviction notice <i>OR</i>	
	s housing instability (eg: currently late on rent, has rental arrears). sing this box signifies provider has received verification from with a landlord signature can count for this. <b>OR</b>
☐ Self-Declaration Form.	
5. Financial Hardship	
<b>How to document:</b> Check the box for documentation type.	
☐ Source documentation of unemployment benefit (most unemployment collected for income verification is sufficient	recent payment statement or benefit notice, documentation of t.) <b>OR</b>
☐ Dated mail, fax, email verification or verbal verification in provider has received verification of unemployment that income in the provider has received verification of unemployment that income is the provider has received verification of unemployment.	is allowable. If verbal verification, checking this box signifies cludes unemployment amount <i>OR</i>
☐ Self-Declaration Form.	
6. Lease – Rental Payment Amount & Location	
	rrent lease. Obtaining a lease is not required to determine ntal payment amount and the rental location. Without a lease, ented separately. Check the box for documentation type(s).
	or sublessor that identifies the unit where the applicant resides d landlord signature. See Section 3.4.2 in T-RAP Guidelines for
Rental Payment Amount	Rental Address
An attestation by a landlord who can be identified as the verified owner or management agent of the unit.  Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount.	☐ An attestation by a landlord who can be identified as the verified owner or management agent of the unit.  Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount.
<ul> <li>□ Bank statements, check stubs, or other documentation which establishes a pattern of paying rent at residence.</li> <li>□ Self-Declaration Form.*</li> </ul>	<ul> <li>□ Evidence of paying utilities for the residential unit or other documentation which establishes a pattern of paying utilities at residence.</li> <li>□ Rental Address is listed on the Rent Payment Agreement Form.</li> </ul>
	ion of the rental payment amount and relies on a written self-declaration must be 100% of the greater of the Fair Market Rent or the Small Area

7. Utilities
<b>How to document:</b> All payments for utilities and home energy costs should be supported by documentary evidence. Check
the box for utility arrears documentation type.
$\square$ Bill, invoice or other evidence of payment $\emph{OR}$
☐ Self-Declaration form.
8. Other Housing Costs
<b>How to document:</b> All payments for housing-related expenses must be supported by documentary evidence. Check the box
for other housing costs documentation type.
☐ Bill, invoice or evidence of payment <i>OR</i>
☐ Self-Declaration form.
9. Household Attestation
How to document: Grantees must require all applications for assistance to include an attestation from the applicant that all
information included is correct and complete. Check the box for attestation type.
☐ Text, email, or other written attestation from household <i>OR</i>
☐ Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household
OR
☐ Household signature: