Income Determination for Regular ESG or EHH (2022) – effective as of 6/15/22

**Prevention:** Complete this form **at intake and at recertification (every 3 months) RRH:** Complete this form **at re-evaluation**, which must take place not less than once annually. Income assessment is *not* required at initial evaluation for RRH. Annual income must be calculated following the standards under 24 CFR 5.609. Supporting documentation must be attached.

Participant (Head of Household) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Entry Date: \_\_\_\_\_\_\_\_ Income Assessment Date: \_\_\_\_\_\_\_\_ Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Income:**

|  |  |  |  |
| --- | --- | --- | --- |
| Household Member: | Place of Employment: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |
| Household Member: | Place of Employment: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |
| Household Member: | Place of Employment: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |

**Payment and/or Benefit Income:**

|  |
| --- |
|  Social Security (SSI/SSDI) Alimony Payments Unemployment VA/Armed Forces Income Caretaker Supplement Child Support Payments Workers Compensation Pension/Retirement  TANF (W-2) Foster Care Payments Other   |
| Household Member: | Payment/Benefit Source: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |
| Household Member: | Payment/Benefit Source: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |
| Household Member: | Payment/Benefit Source: | Earnings/Month: | Documentation Attached?[ ] Yes [ ]  No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2022 CMI%** | **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** | **7 Person** | **8 Person** |
| **30% (RRH & PREVENTION)** | $24,250 | $27,700 | $31,150 | $34,600 | $37,400 | $40,150 | $42,950 | $45,700 |

**Gross Annual Household Income**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of people in household**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility**: Using the chart below, is the Gross Annual Household Income at or below the income limit? [ ] Yes [ ]  No (if no, CoC or ESG funds cannot be used)

Regular ESG or EHH Funds ([HUD Income Limits website](https://www.huduser.gov/portal/datasets/il.html) 30% Income Limit for ALL Areas section on the Data tab)

**I certify that I have insufficient financial resources and support networks to obtain or retain housing without the assistance**. I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete. I agree to provide documentation on all income sources upon request.

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