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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_