

Eligibility Verification/Certification for Disaster Voucher Program (DVP)

Fax Template

Section A – CONTACT INFORMATION - Completed by REQUESTING AGENCY (PHA or PHA contractor)

Requesting Agency: _____

City/State: _____

Contact Name: _____ Email: _____

Phone No. (____) _____ Fax No. (____) _____

Section B – APPLICANT INFORMATION – Completed by REQUESTING AGENCY (PHA or PHA contractor)

Applicant Name: _____
(Head of Household) Last First

SSN # _____ Date of Birth ____ / ____ / ____

City/state where applicant was living just prior to Hurricane Katrina or Rita? _____

City/state where applicant wants to locate? _____

Description of living situation provided by the applicant immediately prior to being displaced by Hurricane Katrina (August 21-28, 2005) or Hurricane Rita (September 16-23, 2005):

- Living on the street, in a park, abandoned building or other place not meant for human habitation.
- Staying in an emergency shelter, transitional housing or housing assisted through the HUD-funded Supportive Housing Program (SHP), Shelter Plus Care Program (S+C), or Housing Opportunitites for Persons with AIDS (HOPWA) Program.
- Other - Please describe: _____

Potential sources for verifying DVP eligibility status. [Name of agency/program/facility given by applicant.]

Name of Agency	Address	Contact	Telephone
_____	_____	_____	_____

Section C – VERIFICATION SEARCH RESULTS – Completed by VERIFYING AGENCY

Initial one of the following statements and sign below:

_____ I certify that the information provided by the applicant regarding their status of homelessness or residency in HUD Special Needs Housing is true and correct based upon the information contained within electronic or paper records, or personal statements made by homeless provider/social service staff who assisted this applicant prior to Hurricanes Katrina or Rita.

Electronic or paper records Source (circle one) HMIS Other Database Case File

Personal Staff Statement Staff person name: _____

_____ I certify that based on information provided by the applicant and in consultation with professional staff and due to lack of paper or electronic records, it is my reasonable belief that the applicant was homeless prior to the hurricane.

_____ I certify that the verification search failed to establish the applicant's homeless status or residency in Special Needs housing in our Continuum of Care jurisdiction.

If the applicant was NOT living on the streets, please complete the following certification:

_____ I certify that the emergency shelter or transitional/permanent housing unit where the applicant resided immediately prior to the Hurricanes was destroyed or is uninhabitable.

I understand that verification information may be subject to inspection and that records must be retained for a period of not less than three years following the conclusion of the Disaster Voucher Program (DVP).

Signature of Agency Staff Completing Verification **Date**

Print Name _____ Phone (_____) _____

Email Address _____