This SAMPLE intake form and instructions are provided as a resource for ERA2 HSS Subrecipients and not as a requirement. Subrecipients may use this form at client intake or as a checklist to ensure all required certifications and household information is collected and documented in each client file.

**\*\*Due to the expiration of the Public Health Emergency related to Covid-19, as of May 11, 2023, Self-Attestation is no longer an allowable method to determine income eligibility and verification. References to Self-Attestation have been removed from this form. \*\***

**Intake Form Checklist Sample Instructions**

**Applicant Name:** Collect name of applicant applying for services for his or her household. Names and other personal identifiable information will not be reported to TDHCA on a monthly basis.

**Unique Identifier:** Determine a unique household ID for the household served. This unique ID should be tied directly to an application, including applicant name and eligibility documentation, in your organization's records. Unique IDs are reported to TDHCA on a monthly basis, along with general household information, income and eligibility information, and household demographics.

**County/Zip Code:** Collect the county and zip code where the household currently resides. *If the household currently has no permanent residence, please input either a future residence or the county and zip code where service was provided.*

**Non-Duplication Certification:** Clients must certify that they have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and same period of time that might produce a duplication of benefits. *Please note that receiving rental assistance from other programs or receiving different stability services is allowable.*

**Acknowledgement of Housing Instability:** Clients must certify that they are at risk of housing instability, are currently experiencing homelessness, or is survivor of domestic violence fleeing from abuse.

**Acknowledgment of Being Financially Impacted by the Pandemic:** Clients must certify that due to or during the pandemic they have been financially impacted (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

**Household and Income Information**

**Are there Children in the Household under age 18?** Yes/No

**Are there Adult(s) in the Household over age 62?** Yes/No

**Is anyone in the household a person with a disability?** Yes/No

**Is anyone in the household a veteran?** Yes/No

**Gender of Applicant:** Male, Female, Nonbinary, Declined to Answer

**Self-identified Race of household:** American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Multi-Racial/Other, Decline to Answer

**Self-identified Ethnicity of household:** Hispanic or Latino, Not Hispanic or Latino, Declined to Answer

**First-time recipient of HSS Services:** Yes/No

**Gross Monthly Income:** Enter the household's annual gross income in USD ($). If the household has no income, document with a Certification of Zero Income form, and enter $0.

**Household Size:** 1-8 Enter the number of persons in the household seeking assistance. A household is defined as any group of people that present together for assistance and identify themselves as a family or household, regardless of age or relationship or other factors.

**Area Median Family Income (AMI):** Calculate the household’s AMI qualification using their income documentation, the household size, and AMI levels for your area. Confirm income against the applicable 80% income limit as listed here:<https://www.huduser.gov/portal/datasets/il.html> and document it on the applicant’s case file. Report the household’s income as 80%-51%, 50%-31%, or 30%-0%. Note that if the income exceeds 80% AMI, they are not eligible for assistance.

For more detail, see the HSS Program Guidelines and Eligibility Flowchart at <https://www.tdhca.state.tx.us/HSS.htm>.

 Applicant Name (Head of Household): Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Identifier: County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household and Income Information:**

Are there Children in the Household under age 18? \_\_\_\_\_\_\_

Are there Adult(s) in the Household over age 62? \_\_\_\_\_\_\_

Is anyone in the household a person with a disability? \_\_\_\_\_\_\_

Is anyone in the household a veteran? \_\_\_\_\_\_\_\_\_\_\_

Gender of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_

Self-identified Race of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-identified Ethnicity of household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First-time recipient of HSS Services (Yes/No) \_\_\_\_\_\_\_\_\_

**Gross Monthly Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Household Size:** \_\_\_\_\_\_\_\_

*(Staff Calculate AMI – see chart)*

* AMI 80%-51%
* AMI 50%-31%
* AMI 30% - 0%

**Has the household provided documentation of income?**

* **Yes Date of Income Verification:**\_\_\_\_\_\_\_\_\_\_\_\_

(Additional documentation may include pay stubs for 30 days, most recent annual income, or categorical eligibility by receiving assistance from Head Start, LIHEAP/CEAP, SNAP, SSI, TANF, Tribal TANF, Veterans Affairs Disability Pension, tenant based or Section 8 assistance.)

**Non-Duplication of benefits**

* **Non-Duplication Certification:** I certify I (or any household member) have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and the same time period that might produce a duplication of benefits. *Please note that receiving rental assistance from TDHCA or receiving different stability services is allowable.*

**Acknowledgement of Housing Instability** (*select one, if applicable*):

* **Risk of Housing Instability:** I certify I (and my household) am/are at risk of experiencing homelessness or housing instability, or will need to move to an unsafe environment if I do not receive housing stability assistance.
* **Self-Declaration of Homelessness:** I certify I (and my household) am/are currently experiencing homelessness, or are survivors of domestic violence fleeing from abuse.

**Acknowledgment of Being Financially Impacted by the Pandemic**

* **Financially Impacted by the Pandemic**: I certify I (and my household) that due to or during the pandemic I have been impacted financially (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

**\*\*Due to the expiration of the Public Health Emergency related to Covid-19, as of May 11, 2023, Self-Attestation is no longer an allowable method to determine income eligibility and verification. References to Self-Attestation have been removed from this form. \*\***

By signing below, I (the applicant and/or staff) certify that this information is correct to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*client signature is not required in certain cases*