

Client File Checklist

Client Name _____ Program _____

Entry Date _____ Exit Date _____ Case Manager Initials _____

RAPID RE-HOUSING

In general, the client file must demonstrate a) eligibility; b) types, amounts, and duration of service; and c) that program requirements were met.

1. _____ **Intake form/Initial Assessment**, with entry date clearly documented. (24 CFR 576.401(a))
2. _____ **Documentation** that the client meets the Category 1: Literally Homeless **definition of homelessness**. (24 CFR 576.55(b))
3. _____ If there is no source documentation or third-party documentation, certification from the agency that efforts were made to obtain it. (24 CFR 576.500(b))
4. _____ An **income evaluation form establishing that the client earns less than 30% CMI**. The form must contain the minimum requirements specified by HUD and **corresponding source documents**. In the absence of source documentation, there may be third-party verification and in the absence of third-party verification there must be at least certification from the client. (24 CFR 576.401)
5. _____ Record of **services provided** (24 CFR 576.105 & 106, 576.500(l))

<u>Financial Assistance</u> <ul style="list-style-type: none"><input type="checkbox"/> Security deposit<input type="checkbox"/> Rental assistance<input type="checkbox"/> Rental arrears<input type="checkbox"/> Rental application fees<input type="checkbox"/> Last month's rent<input type="checkbox"/> Utility deposits/payments<input type="checkbox"/> Moving costs	<u>Stabilization Services</u> <ul style="list-style-type: none"><input type="checkbox"/> Housing search and placement<input type="checkbox"/> Housing stability case management<input type="checkbox"/> Mediation<input type="checkbox"/> Legal services<input type="checkbox"/> Credit repair
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6. _____ Evidence that the client was informed of the agency's **termination procedure** and any correspondence related to a termination proceeding, if applicable. (24 CFR 576.56(a3))
7. _____ Demonstration of **referral and connection** to homeless and mainstream services. (24 CFR 576.401(d))
8. _____ Evidence of a **case management meeting at least monthly**. (24 CFR 576.401(ei))
9. _____ Record of a **House Stability Plan** to assist the program participant to retain permanent housing after the assistance ends. (24 CFR 576.401(eii))
10. _____ Certification of the client's program **entry into HMIS** (or comparable database).
11. _____ If the client receives a year or more of assistance, **evidence of continued eligibility** which includes re-evaluation of income and other resources and support networks. (24 CFR 576.401(b))

If rental assistance is provided, the following requirements apply:

12. _____ A copy of the **lease agreement**. (24 CFR 576.106(g), 24 CFR 576.500(h))
13. _____ Documentation of the **amount and type of financial assistance** provided to the client. (24 CFR 576.500(f1)&(u))
14. _____ Documentation of **payments made to landlords**. (24 CFR 576.500(h))
15. _____ Certification that assisted unit complies with **Rent Reasonableness**. (24 CFR 982.507)
16. _____ Certification that assisted unit is at or below the **Fair Market Rent** for the area. (24 CFR 982.503)
17. _____ A completed minimum **Habitability Standards** checklist. (24 CFR 576.403)
18. _____ If payment assistance lasts more than 100 days, the unit was built before 1978, and a child under 6 years of age or a pregnant woman is/will be in residence, demonstration that the **unit assisted is lead safe** and that the agency **followed lead-safe rules**. (24 CFR 576.403(a))
19. _____ **Rental Assistance Agreement** with the landlord outlining the terms of the assistance. (24 CFR 576.106(e), 24 CFR 576.500(h))