**Section 1 – Recertification Information**

Program Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HMIS No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recertification:

* Interim Recertification- Due to change in income or household composition
* Annual Recertification- Must be completed within 30 days of annual program entry date
* 90 day recertification (prevention only) from entry data

[HUD Mega Waiver](https://www.hud.gov/sites/dfiles/CPD/documents/Flexibilities_Waivers_Guidance_for_CARE_Act_CPD_Funds_062320.pdf) allows re-evaluations to occur once every 6 months. Effective [April 17, 2020](https://detroitmigov.box.com/s/hpvtw28ifxmioft49qv4kd0q6ee5rubn), expires June 22, 2022.

Housing Status at Intake

* Category 1 Literally Homeless
* Category 2 Rationale for recertification (prevention only)
* Category 4 Fleeing Domestic Violence

Move in date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale for Recertification (Please check all that apply)

* Income decrease
* Change in household composition
* Quarterly/Annual recertification required

The following documents must directly follow this form:

* 3rd Party Verification of Income or Zero Income Form
* Rent Calculation
* Documentation of household composition change such as marriage certification, divorce decree, birth certificate, etc.
* Rental Assistance Agreement Form (Form #21)

**Prevention Only-** Please describe how the household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and that no other housing options have been identified.

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Approved by:

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_