**CDBG CV Client File Checklist – Emergency Assistance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Identifier** |  | **Program** |  |
| **Entry Date** |  | **Exit Date** |  |  |

1. \_\_\_\_\_\_\_ Record of **services provided** with CDBG CV funds

|  |  |  |
| --- | --- | --- |
| Financial Assistance |  | Other Services |
| [ ]  Security deposit[ ]  Rental payments[ ]  Rental arrears | [ ]  Utility payments[ ]  Utility arrears | [ ]  Shelter [ ]  Motel voucher |

1. \_\_\_\_\_\_\_ Documentation of program **enrollment in HMIS** (or comparable database)

 *Provide a screenshot of the client’s enrollment in the program, with entry and exit dates.*

1. \_\_\_\_\_\_\_ **Intake Form**, identifying client demographics and what assistance is needed
2. \_\_\_\_\_\_\_ Documentation of **homelessness** or at-risk of homelessness
3. \_\_\_\_\_\_\_ Documentation of **income eligibility** at program entry, including income calculation form and

income source documentation *(not required for shelter stays)*

*Household income must be at or below 80% of County Median Income (CMI).*

1. \_\_\_\_\_\_\_ A signed **Declaration of Benefits (DOB) statement** **and Subrogation Agreement** to repay

assistance if funding is received from other state, federal, or local resources

*Only applicable to rent/utility assistance*

1. \_\_\_\_\_\_\_ Documentation of provision of **Termination Procedure**

*Procedure should include possible reasons for termination, the procedure if a client is terminated from the program, and the appeal process.*

 Was the client terminated from the program? ☐ Yes ☐ No

 *If yes, provide documentation related to the termination proceeding.*

1. \_\_\_\_\_\_\_ Documentation of **financial/motel voucher assistance** provided, including source and payment

documentation

*Source documentation may include lease agreements, utility bills, notices of arrears, or motel bills. Payment documentation (e.g. fiscal ledger, check stubs, etc.) should contain payment dates, payment amounts, and type(s) of expenses.*

If **rental assistance** was provided, either current or arrears, the following apply:

1. \_\_\_\_\_\_\_ A copy of the **lease agreement** covering the dates of rental assistance provided
2. \_\_\_\_\_\_\_ **Lead Paint Disclosure Form**, including documentation of provision of [EPA’s Lead Safety Pamphlet](https://www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure#12)

☐ N/A: unit built after 1978

☐ N/A: no child under 6 or pregnant woman was/will be in residence

1. \_\_\_\_\_\_\_ Documentation of **Visual** **Lead-Based Paint Inspection** *(can be in-person or remote)*

☐ N/A: unit built after 1978

☐ N/A: no child under 6 or pregnant woman was/will be in residence

☐ N/A: rental assistance was provided for less than 100 days *(100-day period begins at first payment)*