**ORGANIZATION’S NAME**

**HOME AMERICAN RESCUE PROGRAM (HOME-ARP)**

**HOUSEHOLD NO DUPLICATION OF BENEFITS DOCUMENTATION**

The HOME-ARP program cannot help clients who are already being helped with the same cost/services by another program (including the client’s required contribution to the cost/service). However, it can assist clients with other costs/services not already being covered. Example, if a client is enrolled in Tenant-Based Rental Assistance (TBRA), HOME-ARP cannot help with rent or utilities (covered by TBRA), but it can help with case management services, because case management services are not covered by TBRA. HOME-ARP requires documentation showing no duplication of services is occurring.

*Please update this information to meet the needs of the organization. If the intake forms the organization already uses ask about the assistance being provided to the client (and the information can easily be identified for monitoring) the applicant information section can be skipped and only the staff section needs to be filled out.*

**Current Assistance Received by Household**

Please mark all current services being received, the agency providing them, and the funding source (if you are unsure skip this part of the question):

|  |  |  |
| --- | --- | --- |
| **Rental Assistance**  Monthly Rent  First/Last Month Only  Security Deposit  Arrears  Application Fees  Emergency Transfer Assistance  **Organization Providing It**  **Funding Source** | **Utility Assistance**  Monthly Payments  Deposit  Arrears  **Utility Types Assisted**  Gas  Electric  Water  Sewer  **Organization Providing It**  **Funding Source** | **Moving/Storage Assistance**  Moving Costs  Temporary Storage Fees  **Organization Providing It**  **Funding Source** |
| **Other**  Childcare  Employment Assistance/  Job Training  Legal Services  Mental Health Services | Outpatient Health Services  Substance Abuse Treatment  Credit Counseling | **Organization Providing It**  **Funding Source** |

**Applicant Attestation**

I agree that the information and statements provided above are accurate to the best of my knowledge.

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

**Due Diligence Documentation**

There must be documentation showing the above is true, or documentation of the attempts to confirm the above is true. Please select what type of documentation was collected. Third-party is preferred. *All documentation must be attached to this form*.

Third-Party Documentation

HMIS or Comparable Database Screenshot Showing History of Various Program/Shelter Enrollments – *Preferred*

Letter, email or documented phone call with staff at a shelter or outreach center where the client has been receiving services.

Letter, email or documented phone call with law enforcement.

Staff Documentation

Describe the due diligence Staff has done to obtain third-party documentation, and obstacles to obtaining it, and why they ultimately could not. Staff to state why they think the above seems correct. The Staff Documentation section must be filled out, if the third-party documentation section is not, for the household to be eligible.

**Staff Attestation**

Based on the information provided by the household seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

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