

**Homelessness Prevention and Rapid Re-Housing Program (HPRP)**



**STAFF CERTIFICATION OF ELIGIBILITY FOR HPRP ASSISTANCE**

**Purpose:** This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HPRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

**Instructions:** This form must be completed for each program participant upon the determination of his or her eligibility for HPRP assistance. This form must be signed and dated by the HPRP staff person who makes this determination and that person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Other Household Members*:

*\*All members in household that will benefit from HPRP assistance should be listed here.*

**Required certifications:** Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP). (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

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

HPRP Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_