



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
HOMELESS "BUT FOR" HPRP ASSISTANCE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PLEASE CHECK ONE: INITIAL APPLICATION RECERTIFICATION

INSTRUCTIONS FOR "BUT FOR" JUSTIFICATION BELOW: AT INAKE AND RECERTIFICATION, PLEASE INDICATE NAMES AND PHONE NUMBERS OF PRIOR LINKAGES FOR 3RD PARTY VERIFICATION WHERE AT ALL POSSIBLE. NOTE DATE AND TIME OF VERIFICATION ATTEMPTS.

THIS INFORMATION SHOULD ALREADY BE IN EACH CLIENT FILE; TO SIMPLIFY THE PROCESS THE FOLLOWING INFORMATION MUST BE CONSOLIDATED ON THIS FORM FOR INITIAL APPLICATION AND RECERTIFICATION.

DO YOU HAVE ANY APPROPRIATE HOUSING OPTIONS (FAMILY, FRIENDS, ETC.)?

YES NO IF "NO", PLEASE EXPLAIN:

Four horizontal lines for providing an explanation if the answer is "NO".

DO YOU HAVE ANY FINANCIAL RESOURCES (RECEIVE FAMILY SUPPORT, CHURCH CONTRIBUTIONS)?

YES NO IF "NO", PLEASE EXPLAIN:

Four horizontal lines for providing an explanation if the answer is "NO".

DO YOU HAVE ANY SUPPORT NETWORKS FROM OTHER AREAS (FAMILY, FRIENDS, CHURCH)?

YES NO IF "NO", PLEASE EXPLAIN:

Four horizontal lines for providing an explanation if the answer is "NO".

I CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE. I UNDERSTAND THAT ANY FALSE STATEMENT COULD DISQUALIFY ME FROM RECEIVING ASSISTANCE FROM THE HPRP PROGRAM.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_

.....

REVIEWED THIS DOCUMENT AND THE INCLUDED INFORMATION WITH THE APPLICANT/PROGRAM PARTICIPANT AND CERTIFY THE INFORMATION IS ACCURATE PER THE APPLICANT.

SIGNATURE OF HPRP REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_