



**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
VERIFICATION OF INCOME – QUARTERLY REVIEW.**

Name: _____
(Head of Household)

- **Eligibility determined at initial Intake and Assessment (HPRP Form No. 2)**

2nd Quarter: Date _____

Gross Income: _____ AMI: _____

Qualify for Additional Assistance? Yes No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes _____
 - Complete calculation worksheet Yes
- No

Verified by: _____ Date: _____

3rd Quarter: Date _____

Gross Income: _____ AMI: _____

Qualify for Additional Assistance? Yes No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes _____
 - Complete calculation worksheet Yes
- No

Verified by: _____ Date: _____

Eligibility

Prevention: (At review, income cannot exceed 50% AMI). Up to 6 months rental assistance; Rental arrearages—3 months maximum if it prevents an eviction; Utility Payments + Utility Arrearages—\$1,500 maximum per household.

Rapid Re-housing: (At review, income cannot exceed 50% AMI). Up to 15 months rental assistance; Security Deposit—up to one month; Utility Deposits—up to \$200 limit per occurrence; Utility Payments + Utility Arrearages—\$1,500 maximum per household.

HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM VERIFICATION OF INCOME – QUARTERLY REVIEW

Name: _____
Head of Household

4th Quarter: Date _____

Gross Income: _____ AMI: _____

Qualify for Additional Assistance? Yes No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes _____
 - Complete calculation worksheet Yes
- No

Verified by: _____ Date: _____

5th Quarter: Date _____

Gross Income: _____ AMI: _____

Qualify for Additional Assistance? Yes No

Documentation of Change in Income (if yes, please specify & complete calculation worksheet)

- Yes _____
 - Complete calculation worksheet Yes
- No

Verified by: _____ Date: _____