**SAMPLE**

**PREVENTION/RE-HOUSING DOCUMENTATION CHECKLIST**

**submitted with invoice # 10**

**Subrecipient: Second-tier Subrecipient:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** | **Prevention/****Re-housing** | **Eligibility** | **Lack of resources, support networks, & alternate housing options documented** | **Client info entered in HMIS/CD** | **Date of First Assessment** | **Re-evaluation****Date** | **Income at most recent assessment/ re-evaluation** | **30% AMI** | **Assistance****Provided** | **Same type assistance documentation** | **Utility Invoice** | **Lease** | **Rental** **Agreement** | **Fair Market****Rent** | **Rent** **Reasonable-ness** | **Habitability****Standards** | **Lead-Based****Paint** |
| John Doe | Re-h | Cat 1 | inv #8 | inv #8 | 4/25/13 |  | $16,900 | $18,250 | Rent & Storage | inv #8 | NA | inv #8 | inv #8 | inv #8 | inv #8 | inv #8 | inv #8 |
| Leah Dean | Prev  | Cat 4 | inv #2 | inv #2 | 1/15/13 | 4/20/13 | $15,000 | $17,250 | Rent & Utility | inv #2 | Y | inv #2 | inv #2 | inv #2 | inv #2 | inv #2 | inv #2 |
| Paul Branch | Prev  | Cat 2-1 | Y | Y | 6/1/13 |  | $9,000 | $16,150 | Rent & Moving  | Y | NA | Y | Y | Y | Y | Y | Y |
| Sara Vine | Prev | Cat 2-3 | Y | Y | 6/1/13 |  | $15,000 | $16,150 | Rent & Utility | Y | Y | Y | Y | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** | **Prevention/****Re-housing** | **Eligibility** | **Lack of resources, support networks, & alternate housing options documented** | **Client info entered in HMIS/CD** | **Date of First Assessment** | **Re-evaluation****Date** | **Income at most recent assessment/ re-evaluation** | **30% AMI** | **Assistance****Provided** | **Same type assistance documentation** | **Utility Invoice** | **Lease** | **Rental** **Agreement** | **Fair Market****Rent** | **Rent** **Reasonable-ness** | **Habitability****Standards** | **Lead-Based****Paint** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PREVENTION/RE-HOUSING DOCUMENTATION CHECKLIST**

**submitted with invoice #**

**Subrecipient: Second-tier Subrecipient:**