**Rapid Rehousing 3 Month Recertification**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Client Name: | | Unique ID: |
| Additional household members’ names: | | | |
| **Reviewed and Included in File** | | **Re-Certification Documentation** | |
|  | | Income Eligibility Worksheet | |
|  | | Monthly Budget | |
|  | | Housing Stability Plan | |
|  | | Rental Agreement | |
|  | | SPDAT (does not need to be uploaded into Clarity) | |
|  | | All Case-Notes Since last Certification | |
|  | | Annual Assessment (1 year anniversary from Program Entry date) | |

**Each person signing below certifies to the following:** To the best of my knowledge, the Rapid Re-Housing participants named above meet all requirements to receive assistance under the Your Way Home Rapid Re-Housing program. To the best of my knowledge and ability all of the information used in making this eligibility determination is true and complete.

*Housing Stability Coach Signature Date*

*HRC Supervisor Signature Date*