**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*