Howard County FY2022** Coordinated Entry (CSHS) Eligibility Form – Version 2

I certify that ________________________________ is eligible for the CES/CSHS because this individual/family meets all of the following qualifying criteria:

1. ____ Is a Howard County resident
   a. ____ Has lived in Howard County for the last 6 months with documentation of established residency (ex. DSS benefits, SSI award, lease, license, utility, outreach worker, etc.)
   b. ____ Is returning to Howard County after leaving less than one year ago and has not established residency in another county

   **Residency requirement is not applicable to households fleeing/attempting to flee domestic violence or human trafficking.**

   **Residency requirement is suspended for shelter during the Howard County state-of-emergency declared in response to the COVID-19 pandemic.**

2. ____ Has an annual income below 50% (Baltimore AMI, 2016) of median family income for the area.
   (Figures below are specific to eligibility for CES/CSHS. Providers should also consult grant documents for project-specific eligibility criteria.)

<table>
<thead>
<tr>
<th></th>
<th>1 person</th>
<th>2 person</th>
<th>3 person</th>
<th>4 person</th>
<th>5 person</th>
<th>6 person</th>
<th>7 person</th>
<th>8 person</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>$36,800</td>
<td>$42,050</td>
<td>$47,300</td>
<td>$52,550</td>
<td>$56,800</td>
<td>$61,000</td>
<td>$65,200</td>
<td>$69,400</td>
</tr>
<tr>
<td>30%</td>
<td>$22,100</td>
<td>$25,250</td>
<td>$28,400</td>
<td>$31,550</td>
<td>$34,100</td>
<td>$36,600</td>
<td>$40,120</td>
<td>$44,660</td>
</tr>
</tbody>
</table>

3. ____ Meets one of the following qualifying criteria for homelessness:
   a. ____ Literally Homeless: Individual or family who lack a fixed, regular, and adequate nighttime residence meaning (mark one with “x”):
      i. ____ Has a primary nighttime residence that is a public or private place not meant for human habitation; OR
      ii. ____ Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelter, transitional housing, and hotels and motels paid for by a charitable organizations or Federal, State and local government programs); OR
      iii. ____ Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
   b. ____ Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that:
      i. Residence will be lost within 14 days of the date of application for homeless assistance; AND
      ii. No subsequent residence has been identified; AND
      iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

   **INCOME LIMITS ON THIS FORM CAN BE APPLIED BEGINNING JUNE 2021**
## Guidelines for Supporting Documents

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>Documentation Required, in order of preference (check the box that identifies documents attached)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literally Homeless</strong></td>
<td>☐ Written observation by the outreach worker; or&lt;br&gt;☐ Written referral by another housing or service provider; or&lt;br&gt;☐ Certification by the individual or head of household seeking assistance that (s)he was living on the streets or in shelter; &lt;br&gt;☐ For individuals exiting institutions – one of the forms of evidence above and: &lt;br&gt;  • Discharge paperwork or written /oral referral, or &lt;br&gt;  • Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution.</td>
</tr>
<tr>
<td><strong>Imminent Risk of Homelessness</strong></td>
<td>☐ A court order resulting from an eviction action notifying the individual or family that they must leave; or&lt;br&gt;☐ For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or&lt;br&gt;☐ A documented and verified oral statement; and&lt;br&gt;☐ Certification that no subsequent residence has been identified; and&lt;br&gt;☐ Self-certification or other written documentation that the individual lack financial resources and support necessary to obtain permanent housing</td>
</tr>
</tbody>
</table>

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**Staff Signature**

**Date**

**Print Name**

**Title/Organization**

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