

### HOUSING ASSISTANCE ELIGIBILITY DETERMINATION

Participant Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Training Program: \_\_\_\_\_ Training Facility: \_\_\_\_\_

Training Enrollment Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

To receive Housing and Utility Assistance payments participant must bring in the following documentation:

- a. Detailed Self-Attestation explaining the need for help with housing and/or utility assistance.
- b. Documentation that participant cannot get assistance from another partner or other agencies.
- c. Current Mortgage Payment-Agreement/Lease Agreement/Rent Agreement for primary resident. **If leasing or renting, participant must have landlord complete Rental Verification Form.**

I certify that I  Do  Do Not receive housing assistance from another organization.

I certify that the information provided is true and complete to the best of my knowledge. I am also aware that the information I provide is subject to review and verification and I may have to provide additional documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of information for verification purposes and understand that it will be used to determine eligibility. I further acknowledge that if I am overpaid, even though no fault of my own, those monies will be returned to West Central Arkansas Planning and Development District Inc. **I am also aware that if I move, I will have to complete a new housing assistance eligibility and it be approved before payments may continue.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

The above information has been verified and required documentation is attached.

Amount of Housing Assistance Allowed: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Original: Administration Office Copy: Participant File