STABILITY THROUGH ENGAGEMENT PROGRAM / TBRA
Application Checklist

Applicant Name: Last: _____ **First:** _____

Applicant ID#: (Service Point or DV) _____

According to the Homelessness Prioritization Chart, what Priority Level does this client fall under:
_____ (ie: P1, P2, P3, P4, P5)

Length of time Homeless: _____
(Cumulative time homeless in HMIS or Comparable Data Base)

VI-SPDAT Score: _____

*Will any Utility Company require a Utility Deposit from this client: ☐ **Yes**   ☐ **No**
         (Ex: CMP, Unitil)   ***Your answers will not impact your access to STEP / TBRA**

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*Has this client been denied assistance through other subsidy programs? ☐ **Yes**   ☐ **No**
If Yes, indicate program: _____

___ **Attach official denial letter(s) from other program(s)**

Navigator will review the following and upload scanned copies to Service Point or ShareFile. Navigator will notify MaineHousing STEP Help Desk by email, including the Applicant ID#, that the completed application has been uploaded and is available for review.

___ STEP / Maine TBRA Application (completely filled out), **signed & dated**

___ MaineHousing Release of Information covering all household members listed on application

___ Declaration of Section 214 Status, **one for each household member**

___ DHHS Authorization Form, **one for each household member**

___ Housing Stability**, signed & dated by applicant and Navigator**

___ Homeless verification letter for all adults listed on application

___ Copy of Picture ID (State ID, license) for all adults listed on application

___ Photocopy of Social Security Cards for all household members listed on application (or
    proof of social security card application that includes the Social Security Number)

___ Income Verification for all household members from all sources (TANF, SS, SSI, Pension,
    Wages, Unemployment, Child Support, Self-employment, Worker's Compensation,
    Alimony, etc., sufficient to establish monthly household income) OR certification of zero income for all adult
     household members. Only relevant forms must be submitted.

Navigator Initials & Date: _____

MaineHousing Staff Initials & Date Received: _____

MaineHousing Staff Initials & Date Approved: _____

Rev 100517