



HOME TO STAY Housing Choice Voucher Application Check List

Head of Household: _____ Shelter/Navigator: _____

VI-SPDAT Score: _____ #HH Comp: _____

Priority Level (from Homeless Prioritization Chart): _____

Length of Time Homeless (cumulative time homeless in HMIS or comparable database): _____

******* The following items must be submitted to have the application processed: *******

	HUD Form 9886 Authorization for the Release of Information/Privacy Act Must be signed by EACH person in the household 18 or older
	General Authorization to Release Information Must be signed by EACH person in the household 18 or older
	HUD Form 52675 Debts Owed to Public Housing Agencies and Terminations One form completed for EACH person in the household 18 or older
	HUD Form 92006 Supplement to Application for Federally Assisted Housing One form completed by head of household. If they do not want to designate a contact, they still must sign and check off that they do not wish to provide contact information
	Authorization for Release of Protected Health Care Information One for every disabled individual with medical expenses. This form complies with HIPPA requirements and enables us to verify any medical deductions being claimed
	DHHS Authorization Release One form must be signed by EACH person in the household 18 or older
	Personal Declaration Must be fully completed by head of household and signed by all household members 18 and older
	Consent to Screen for Criminal Activity One form completed for EACH person in the household 18 or older
	Declaration of 214 status One form for EACH household member
	What You Should Know About EIV One form signed for EACH household member 18 or older
	Birth Certificate a copy for EACH household member under 18
	Social Security Cards a copy for EACH household member with certification that the Navigator has viewed the original (<i>include Navigator signature and date</i>) - Mandatory for all
	State or Federally Issued Photo IDs Copies for EACH household member 18 or older
	Certification of Zero or Minimal Income Form if applicable
	Copy of Benefit Award Letter if applicable for each individual receiving SSA, SSDI, SSI, Survivor or Dependent Benefits regardless of age
	Proof of All Income Sources <ul style="list-style-type: none"> ✓ Employment Income - last four consecutive paystubs ✓ Self-Employment Income - most current copy of tax returns ✓ Unemployment Benefits - proof of unemployment benefit ✓ Child Support - either a printout of the last 6 months for state issued child support or a written statement from the source for direct pay child support
	Domestic Violence Lease Addendum if applicable