

Intake Eligibility Form

Applicant: T#: Voucher Size:

☐ **Waiting List Preference(s):** [ ]Eligible to Continue; [ ]Return to WL & Letter Sent (Examples)  

Preference(s) from Waiting List:  
[ ]Residency Preference,  
[ ]Eldery/Disabled - SSI / Disab Verif.  
[ ]Working Family/Eldery/Disabled  
[ ]Displaced by: DV, HC or ND  
    [ ]Domestic Violence  
    [ ]Hate Crime  
    [ ]Natural Disaster

Preference(s) Verified:  
[ ]Residency Preference,  
[ ]Eldery/Disabled - SSI / Disab Verif.  
[ ]Working Family/Eldery/Disabled  
[ ]Displaced by: DV, HC or ND  
    [ ]Domestic Violence  
    [ ]Hate Crime  
    [ ]Natural Disaster

☐ **INCOME LIMIT:** [ ]30%; [ ]50%; [ ]Over-Income    HH Size:    Annual Income: \$

Eff:		Number of Persons								
Level	%	1	2	3	4	5	6	7	8	9
Extremely LI	30%									
Very LI	50%									

☐ **ID Documentation and Signature Forms.**

	Name	SSN	DOB	ID	S214	CHR	App	Suppl	Consent	DO	EIV
HofH											
Mbr#2											
Mbr#3											
Mbr#4											
Mbr#5											
Mbr#6											
Mbr#7											
Mbr#8											

For exception documents, explain and complete documentation:

☐ **Criminal History and Background Check results received for all adult household members.**

☐ **VERIFICATIONS** – dated within 60 days of Voucher Issuance.

Mbr	Descrip	Date	Mbr	Descrip	Date

☐ **Section 214 Subsidy Status:** [ ]Eligible; [ ]Pro-Rated

☐ **Determined Eligible?** [ ]Yes; [ ]No. If no, reason:

☐ **75% Selection Rule:** [ ]Eligible to Continue; [ ]Hold Application  
If application on hold, date released to continue: / /

☐ **Briefing Conducted:** Date - [ ]50058 (#9) [ ] All Briefing docs signed and received.

☐ **Portability – Eligible?** [ ]Yes; [ ]No; [ ]N/A-not requested.  
Resident @ Application: [ ]Yes; [ ]No. Residency docs received: [ ]Yes; [ ]No.

Notes:

Intake Staff: Signature: Date:

Reviewer: Signature: Date: