

Homelessness Prevention Eligibility Checklist

Personal Information

Name:

Date of Birth:

Current Address:

Contact Number:

Eligibility Criteria

- ☐ At risk of losing current housing
- ☐ Meets income eligibility requirements
- ☐ Resident of this city/county
- ☐ No alternative safe housing options
- ☐ Has required documentation

Additional Notes

Notes: