

**Miami-Dade County Homeless Trust
Permanent Supportive Housing and CoC Rapid Re-Housing
Required Document List**

The following documents must be retained in client files by the sponsoring continuum of care permanent supportive housing or rapid-rehousing agency. The Miami-Dade County Homeless Trust and the HUD Field Office may review documentation as part of monitoring. All CoC PSH and RRH programs are required to participate in the Coordinated Entry system, obtaining referrals from the Homeless Trust Housing Coordinator. This documentation checklist is not applicable to other sources of funding for rental assistance.

Name of HoH: _____

Date: ____/____/____

Program/Project: _____

Name of Representative: _____

Project Type (check all that apply): PH:PSH PH:RRH

PH:PSH	PH:RRH	FORM
ALL apply	ALL apply	Verification of Homelessness <input type="checkbox"/> HMIS referral issued by Miami-Dade County Homeless Trust Housing Coordinator <p style="text-align: center;">AND</p> <input type="checkbox"/> Homeless Trust Housing Coordinator Written Verification of Homeless Status or, in the case of placement into a Chronic Homeless unit, chronically homeless status.
Any one applies	N/A	Current Disability Verification Form (as applicable to CoC funded PSH) <input type="checkbox"/> Written verification of the disability by a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently <p style="text-align: center;">OR</p> <input type="checkbox"/> Written verification from the Social Security Administration <p style="text-align: center;">OR</p> <input type="checkbox"/> The receipt of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability Compensation) <p style="text-align: center;">OR</p> <input type="checkbox"/> Intake staff observations demonstrating the household is disabled and the disability is expected to be of long duration with one of the forms of documentation above received no later than 45 days upon program entry
Any one applies	Any one applies	Identification Form for adult household members <input type="checkbox"/> Government-issued photo identification. <p style="text-align: center;">OR</p> <input type="checkbox"/> HMIS record with name, DOB and photograph <p style="text-align: center;">OR</p> <input type="checkbox"/> Photo Identification issued by a Non-Profit agency which includes the participants name and date of birth
ALL Apply	N/A	<input type="checkbox"/> Immigration documents demonstrating proof of lawful presence / Alien registration card / nationalization papers <i>Does not apply to PH:PSH when (1) Nonprofit, charitable organizations who contracts directly with HUD chooses not to verify immigration status & (2) F&B is the source of funding</i>
ALL Apply	ALL Apply	Documentation of legal custody for all children in care of household member <input type="checkbox"/> If birth parent, original or certified birth certificate for all minor household members within 45 days of admission <input type="checkbox"/> If legal guardian, copy of court order granting legal custody for all minor household members within 45 days of admission

Income/Asset documents (as applicable to sources of income) for ALL household members who will reside in the PSH housing unit must be obtained within 30 days of admission to program as part of calculating rent. Income calculation is not required for RRH at intake, the CoC recommends it is performed at least quarterly but not later than the annual assessment of need.

PH:PSH	PH:RRH	FORM
ALL apply	ALL apply	<input type="checkbox"/> Written verification of SSI/SSDI benefit from SSA (i.e. benefit statement or TPQY)
ALL apply	ALL apply	<input type="checkbox"/> Unemployment Benefits Statement or notarized statement explaining client doesn't receive unemployment benefits
ALL apply	ALL apply	<input type="checkbox"/> Veterans Benefits statement (if applicable)
ALL apply	ALL apply	<input type="checkbox"/> Pension Annuities statement (if applicable)
ALL apply	ALL apply	<input type="checkbox"/> Child Support Assistance print out (applicable only to households with children)
ALL apply	ALL apply	<input type="checkbox"/> Employment Verification Form completed by employer if employed <p style="text-align: center;">OR</p> <input type="checkbox"/> 3rd Party written verification of employment (i.e. copies of payroll check stubs) <p style="text-align: center;">OR</p> <input type="checkbox"/> Affidavit of Non-Employment if not employed
ALL apply	ALL apply	<input type="checkbox"/> Most recent bank statements (if one exists) for two consecutive months (unless account was opened within two months) to verify income, when applicable