

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

The following documents must be retained in client files by the sponsoring Continuum of Care Permanent Supportive Housing (PSH) or Rapid-Rehousing (RRH) agency. The Miami-Dade County Homeless Trust recommends that the documents are scanned into the client HMIS record. The Miami-Dade County Homeless Trust and the HUD Field Office may review documentation as part of compliance 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
Any one applies	Any one applies	<p><b>Verification of Homelessness*</b></p> <p><input type="checkbox"/> HMIS, or comparable database used by certified DV programs print out, showing previous homeless episodes (Must be uploaded onto HMIS. Will be provided by CoC Housing Coordinator along with HMIS referral).</p> <p><input type="checkbox"/> A written observation by law enforcement of encounters with head of household that includes a description of the conditions where the head of household was or is currently living, date encounters began and breaks in homelessness (Must be uploaded onto HMIS. Will be provided by CoC Housing Coordinator along with HMIS referral).</p> <p>*For Chronic Homeless Verification participants must be disabled; experienced homelessness for at least 12 months during the last three years; and be referred from ES, SH or place not meant for human habitation. To verify chronicity, documentation from out of county HMIS or comparable database is acceptable.</p>
Any one applies	N/A	<p><b>Current Disability Verification Form (as applicable to CoC funded PSH)</b></p> <p><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> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written verification from the Social Security Administration or Veteran Disability Compensation</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Intake staff observations demonstrating the household is disabled and the disability is expected to be of long duration <u>with one of the forms of documentation above received no later than 45 days upon program entry</u></p>
Any one applies	Any one applies	<p><b>Identification Form for adult household members</b></p> <p><input type="checkbox"/> Government-issued photo identification.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> HMIS record with name, DOB and photograph</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Photo Identification issued by a Non-Profit agency which includes the participants name and date of birth</p>
ALL Applies when the Trust is making direct assistance payments to the landlord	N/A	<p><b>Miami-Dade County CoC Citizenship/Non-Citizenship Verification Form</b> with documentation required by form*</p> <p><i>*Declaration Form and legal status documentation are required for the TBRA PSH Program and any other program in which the Trust or other local PHA or Entitlement Jurisdiction is making the assistance payments to the landlord on behalf of the client. Nonprofit, charitable organizations who make assistance payments on behalf of the client are not required to verify citizenship or lawful status. Projects with a Section 8 voucher attached that are subject to Section 214. These projects may ask for a Section 214 Declaration with required documentation in accordance with the organization's own policies and procedures.*</i></p>
Any one applies	Any one applies	<p><b>Documentation of legal custody for all children</b> in care of household member (must be collected within 45 days of admission)</p> <p><input type="checkbox"/> If birth parent, original or certified birth certificate for all minor household members</p> <p><input type="checkbox"/> If legal guardian, copy of court order granting legal custody</p> <p><input type="checkbox"/> Legal document establishing custody; school records; tax returns; or verification from the child's doctor</p>
Not required at intake***	Not required at intake****	<p><input type="checkbox"/> Proof of Income (examples of income documentation are provided below)</p> <p>***Some PBRA programs may require income documentation ahead of authorizing move-in but most PSH must collect proof of income within 30 days of move-in to calculate tenant portion of the rent</p> <p>****ESG RRH: Proof of income is not required at intake. Income documentation may be obtained anytime during the first 12 months of assistance to determine what portion of the rent the tenant can afford. Providers must collect household income documentation during the annual assessment of need. Income may not exceed 30% AMI for assistance to be continued.</p> <p><b>Income documents are collected for ALL adult household members.</b></p> <p><i>A copy of the social security card is ONLY needed when</i></p> <ul style="list-style-type: none"> <li>• the Trust is making the rental assistance payments to the landlord on behalf of the tenant, AND</li> <li>• proof of income documents do not include the full social security number.</li> </ul>

**Examples of income documents**

- Written verification of SSI/SSDI benefit from SSA (i.e. benefit statement or TPQY)
- Unemployment Benefits Statement
- Veterans Benefits statement (if applicable)
- Pension Annuities statement (if applicable)
- Child Support Assistance print out (applicable only to households with children)
- Employment Verification via a Program form completed by the employer or on employer's letterhead (length of employment, hours and rate or annual salary); *OR*
- Proof of income earnings as independent contractor (Form 1099) or self-employed (e.g. pay-outs from Uber, Lyft, Instacart or similar; *OR*
- 3rd Party written verification of employment (i.e. copies of payroll check stubs or direct deposits with name of employer as source in bank statements); *OR*
- Affidavit of Non-Employment if not employed
- Most recent bank statements (if one exists) for two consecutive months (unless account was opened within two months)

## Miami-Dade County CoC Citizen/Non-Citizen Declaration

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Housing Program Application Form**

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
RELATIONSHIP TO \_\_\_\_\_ DATE OF  
HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH \_\_\_\_\_  
SOCIAL \_\_\_\_\_ ALIEN \_\_\_\_\_  
SECURITY NO. \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on  
USCIS Form I-94, *Departure Record*)  
NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you  
owe legal allegiance. This is normally but not always the country of birth.)

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**

### **PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

*DECLARATION*

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

**1. A citizen or national of the United States.**

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
1. One of the following documents will be accepted as proof of citizenship
    - a. United States (U.S.) Passport
  2. One of the following documents will be accepted as proof of citizenship when proof of identification is also provided (see #3 below for eligible IDs):
    - a. State of Florida DAVID System print-out without photo that verifies US citizenship.
    - b. U.S. Birth Certificate
    - c. Certification or Report of Birth Abroad issued by USCIS or the State Department
    - d. U.S. Citizen ID card issued by USCIS
    - e. U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - f. Certificate of Citizenship issued by USCIS
    - g. American Indian card issued by USCIS for the Kickapoo tribe
    - h. Final Adoption Decree
    - i. Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - j. Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - k. Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/198
    - l. Extract of U.S. hospital birth record established at the time of birth.
  3. Proof of Identity includes:
    - a. Driver's License with Real ID Gold Star
    - b. Certain government issued ID cards with photo
    - c. Tribal government issued ID and documents, including Certificate of Indian Blood
    - d. Day care or nursery record (minors only)
    - e. School record or report card (under 16 only)
    - f. School ID with picture
    - g. U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Sign and date below. If the block below is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below (if you checked this block, you must submit the following documents):

▪ **From non-citizens claiming eligible status who is 62 or older and receiving housing assistance since June 1, 1995:**

- a. This signed declaration of eligible immigration status and
- b. Proof of age

▪ **From non-citizens claiming eligible status who is not 62 or older:**

- a. This signed declaration of eligible immigration status and verification consent form AND
- b. One of the following documents:

1. **Form I-551, Permanent Resident Card.**
2. **Form I-94, Arrival-Departure Record annotated** with one of the following:
  - a. "Section 203(a)(7) or "Granted temporary admission"
  - b. Admitted as a Refugee Pursuant to Section 207";
  - c. "Section 208" or "Asylum";
  - d. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - e. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. **Grant Orders or Letter** (one of the following):
  - a. Order by an immigration officer granting asylum;
  - b. Grant letter from the Asylum Office of USCIS (previously INS); or
  - c. Order from an immigration judge showing granting deportation or removal withheld under §243(h) of the INA as in effect prior to April 1, 1997 or under 241(b)(3) of the INA.
4. **Form I-360 or USCIS Notice of Prima Facie Case (NPFC)**
5. **Form I-571** (Refugee Travel Document)
6. **Form I-688, Temporary Resident Card** marked "Section 245A" or "Section 210."
7. **Form I-668B, Employment Authorization Card** annotated 247a.(12)(3) or 247a.(12)(5) or 247a.(12)(10).
8. **Form I-766 Employment Authorization Card** annotated A3, A5 or A10.
9. **Form I-914, for T-1 Nonimmigrant** visa followed by written confirmation that application is "bona fide."
10. **Receipt issued by the USCIS** indicating that an application for issuance of a **replacement document** in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
11. **Other acceptable evidence.** If other documents are determined by the USCIS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child.

**EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I require and am requesting additional time to obtain and submit the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature      Date

Check here if adult signed for a child.

**3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

**VERIFICATION CONSENT**

I, \_\_\_\_\_ hereby consent to the following:

1. I consent to allow Miami-Dade County through the Miami-Dade County Homeless Trust and its contracted provider \_\_\_\_\_ (“Provider”) to (a) request and to obtain information from the US Citizenship and Immigration Services (USCIS) and (b) use of the attached evidence for the purposes of verifying my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such information or evidence of eligible immigration status by the Miami-Dade County and/or Provider without responsibility for the further use or transmission of the evidence by the entity receiving it, to: (a) HUD, as required by HUD; and (b) the USCIS for the purposes of verification of the immigration status of the individual. NOTIFICATION: Information and/or evidence of eligible immigration status shall be released only to HUD and/or the USCIS for purposes of establishing eligibility for financial assistance and not for any other purpose. Miami-Dade County, Provider and HUD are not responsible for the further use or transmission or the evidence or other information by the USCIS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(if signing on behalf of a child who lives with you and for whom you are legally responsible, check here )