



FAMILY EMPLOYMENT AND HOUSING PROGRAM ELIGIBILITY CHECKLIST

NAME: _____ CLIENT #: _____ PROGRAM: _____ ORIENTATION DATE: _____

REFERRAL FORM AGENCY: _____ REFERRAL DATE: _____

Application: Housing Authority of the County of Salt Lake Current Application Date: _____
 Application: Housing Authority of Salt Lake City (proof) Current Application Date: _____

Housing Matrix (If applicable to program)
 FEHP Verification Form/Eligibility Form
 Back-up Documentation on Refugee Status
 Grievance Procedure Form

Certification:

Client Responsibilities Form Employment Verification Form
 Inter Agencies Auth. To Release Info. Checklist for Landlord Paperwork

Income Verification for all adults (18+) Income Verified on: _____

<input type="checkbox"/> _____	<input type="checkbox"/> 0 income	<input type="checkbox"/> Wages	<input type="checkbox"/> Financial	<input type="checkbox"/> FS	<input type="checkbox"/> SS	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____
<input type="checkbox"/> _____	<input type="checkbox"/> 0 income	<input type="checkbox"/> Wages	<input type="checkbox"/> Financial	<input type="checkbox"/> FS	<input type="checkbox"/> SS	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____
<input type="checkbox"/> _____	<input type="checkbox"/> 0 income	<input type="checkbox"/> Wages	<input type="checkbox"/> Financial	<input type="checkbox"/> FS	<input type="checkbox"/> SS	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____
<input type="checkbox"/> _____	<input type="checkbox"/> 0 income	<input type="checkbox"/> Wages	<input type="checkbox"/> Financial	<input type="checkbox"/> FS	<input type="checkbox"/> SS	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____

Bank Statements Assets

Refugee Status Documentation (all family members)

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Picture I.D. for all adults (18+) if available

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Eligibility Date Completed: _____

Client's Case Manager: _____

Contact Phone #: _____

Reviewed by: _____

Review Date: _____

Interpreter: _____

Contact Phone #: _____

