Metropolitan Development and Housing Agency
620 DEW STREET * NASHVILLE, TENNESSEE * TELEPHONE (615) 252-6500 * FAX (615) 252-6614
MAILING ADDRESS: P.O. BOX 846 NASHVILLE, TENNESSEE 37202

PARTICIPANT ELIGIBILITY FOR HUD HOMELESS ASSISTANCE PROGRAMS

DIRECTIONS: FORM TO BE COMPLETED BY CASE MANAGER OR OTHER APPROPRIATE PERSON.
Please fill in the name of the individual for whom assistance eligibility is being determined IN BLOCK 1. For persons in a shelter you will complete #2. If the person is sleeping on the streets complete #3. If the person was on the street or in a shelter and is now in transitional housing, have an employee of that program complete #4.

1.

_____ has been determined to be homeless for the following reason(s).
(NAME)

Name of person completing this form: _____

Agency: _____

Only one verification listed below is required to be completed

2. **Staying in a Shelter**

The person whose name appears above has been staying at _____ for _____ days.
Shelter Name

Signed (Shelter staff): _____ Date: _____

Agency: _____

3. **On Streets**

The person whose name appears above has most recently been sleeping _____
(specify area of town)

Signed (Agency Representative): _____ Date: _____

Agency: _____

4. **Persons Coming from Transitional Housing for Homeless Persons**

The person whose name appears above was living on the **STREETS** or in an **EMERGENCY SHELTER** (Circle one) prior to living at our facility which is temporary housing.

Signed: _____ Date: _____

Transitional Housing Agency: _____

This form is required for all HUD Homeless Assistance Programs including Emergency Shelter Grants program, Supportive Housing Program, Shelter Plus Care, and Section 8 SRO.