To be eligible for rent/utility assistance under the Healthy at Home Eviction Relief Fund (HHERF), a tenant must have a gross household income at or below 80% of Area Median Income (AMI) as listed here. HHERF guidelines permit an applicant to be deemed “categorically eligible” for purposes of income determination if household income has been verified to be at or below 80% AMI in connection with another state or federal program.

This form may be used by government agencies, nonprofits, and private companies to verify the review of a tenant’s income in connection with another government program and to verify the applicant’s household income does not exceed 80% AMI. The determination must have been made on or after January 1, 2020. Alternatively, the agency may provide a determination letter on its own form confirming that the applicant’s income is below 80% AMI and that the determination was made on or after January 1, 2020.

For questions regarding this form, contact: Curtis Stauffer (cstauffer@kyhousing.org)

### Certifying Agency/Company

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Person:</th>
<th>Phone Number:</th>
<th>Email:</th>
</tr>
</thead>
</table>

### Applicant/Tenant Seeking HHERF Assistance

<table>
<thead>
<tr>
<th>Applicant Full Name:</th>
<th>Applicant Date of Birth:</th>
<th>Applicant Family Size:</th>
</tr>
</thead>
</table>

### Government Program for which Applicant Received

Name of Program:
(Examples: Housing Choice Voucher (Sec. 8), Public Housing, Low Income Housing Tax Credit, HOME, Food Stamps, LIHEAP, Medicaid, etc.)

Did your agency/company certify the applicant’s household income on/after January 1, 2020?

- [ ] YES  
- [ ] NO

Was the applicant’s annualized household income at/below 80% AMI as listed here?

- [ ] YES  
- [ ] NO

Description of Documents Used to Verify Income:

---

**Income/Eligibility Certification by Certifying Agency/Company Staff:**

By submitting this certification, I hereby confirm that the agency listed above has reviewed the Applicant’s household income on or after January 1, 2020 and has determined it does not exceed 80% AMI.

Verifying Staff Signature: ___________________________  Date: ________________

Verifying Staff Name: ___________________________