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| <p align="center">AmeriCorps Services Wrap-up Form</p> <p align="center"><i>complete one form per household when housing is obtained or services are completed</i></p> | Member Name: |
| | Service Site: |
| Household Identifier or Code Name: | What is the date services were completed? (8/1/22 or after) |

Purpose: this form certifies that the housing the household (client) or beneficiary above has been placed in is safe and healthy based on an inspection or other documentation. The service site defines affordability and certifies that the housing is affordable to the individual(s) transitioned into the unit. This form can also demonstrate that services were successfully completed (i.e. completed financial literacy classes, received rental assistance, approved homeownership application, etc.).

Proof of Housing (if applicable)

If the household acquired or transitioned into housing, select one of the options below to show that the household is now housed:

Beneficiary self-report of housing

Certificate of occupancy

Completed construction project (i.e. photos)

Housing voucher

Lease or mortgage

Other: _____

Verification of Complete and Accurate Data

I certify that the information on this form is as complete and accurate as possible to the best of my knowledge. I certify that materials are available at my service site to confirm the data that is shared on this form.

MEMBER SIGNATURE: _____ **DATE:** _____

SITE SUPERVISOR REVIEW

I certify that the information on this form is accurate to the best of my knowledge.

SITE SUPERVISOR SIGNATURE: _____ **DATE:** _____