

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM WAIVER

Program Requirement Waivers to Prevent the Spread of COVID-19 and
Mitigate Economic Impacts Caused by COVID-19

Agency Name: _____ Grant #: _____

Client ID: _____ Date: _____

Please verify that you are using the waiver below for this client/household.

14. HOPWA- Self-Certification of Income and Credible Information on HIV Status

In lieu of 3rd party documentation confirming HIV status and income eligibility for the HOPWA program, the client has submitted a written self-certification of HIV status and income. 3rd party documentation of HIV status and income must be obtained within 3 months of public health officials determining no additional special measures are necessary to prevent the spread of COVID-19.

Please enter a brief explanation of the need for this waiver (i.e. staffing concerns, safety, expediting housing placement, etc.)

Staff Signature or Typed Name: _____

Title: _____