

Recovery Housing Assistance Program (RHAP) Attestation

I, the undersigned, hereby attest that the following statements are true and correct to the best of my knowledge. This attestation is being provided to meet eligibility requirements for the Recovery Housing Assistance Program (RHAP) only in situations where no other eligibility documentation is available.

I understand that RHAP is a state-funded option to assist individuals who are initiating and sustaining recovery efforts in a safe, stable living environment. I further understand that up to 12 weeks of my living expenses will be paid directly to a Recovery Housing Assistance Program provider, subject to eligibility.

Please check all applicable boxes:

☐ **I am a resident of North Dakota (ND) since _____ (mm/yyyy).**

☐ **I am 18 years of age or older. My date of birth is _____ (mm/dd/yyyy).**

Additionally, please check one of the following:

☐ **I am currently enrolled in a DHHS Public Assistance Program.**

(Please check all that apply):

☐ Basic Care Assistance Program

☐ Child Care Assistance Program

☐ Crossroads Program

☐ Low Income Home Energy Assistance Program (LIHEAP)

☐ Medicaid

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Temporary Assistance for Needy Families (TANF)

☐ **I am currently enrolled in a Behavioral Health Division substance use disorder or community program.**

(Please check all that apply):

☐ Community Connect

☐ Free Through Recovery

☐ Substance Use Disorder (SUD) Voucher Program

☐ **My household income is at or below 200% of the Federal Poverty Guidelines.**

Federal Poverty Guidelines (FPG) for 2025

Below is a chart of the 2025 Federal Poverty Guidelines based on household size. To qualify for the Recovery Housing Assistance Program, your household income must be at or below 200% of these guidelines.

Household Size	100% FPG	200% FPG
1	\$15,960	\$31,920
2	\$21,960	\$43,920
3	\$27,960	\$55,920
4	\$33,960	\$67,920
5	\$39,960	\$79,920
6	\$45,960	\$91,920
7	\$51,960	\$103,920
8	\$57,960	\$115,920
Each Additional Person	+\$6,000	+\$12,000

By signing below, I confirm that all the information provided in this attestation is accurate and complete to the best of my knowledge. I understand that providing false information may disqualify me from participation in the Recovery Housing Assistance Program.

Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____