Homeless Verification

RE:

Applicant's Name and HMIS (or comparable database) #

The applicant and/or applicant's household referenced above has applied for assistance from a federally funded housing program and meets the eligibility requirements listed below. Federal regulations require documentation certifying that applicant is experiencing an eligible category of homelessness, as defined by HUD. The sections below define eligible categories of homelessness and recordkeeping requirements.

SECTION BELOW TO BE COMPLETED BY PROVIDER STAFF

Select the situation that applies:

☐ Category 1: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- ☐ Has a primary night-time residence that is a public or private place not meant for human habitation;
- ☐ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); OR
- ☐ Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

☐ Category 4: Any individual or family who:

- Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;
- Has no other safe residence; AND
- Lacks the resources to obtain other safe permanent housing.

Acceptable Documentation is listed below in <u>order of preference</u>:

Category 1:

- Written observation by the outreach worker: or
- Written referral by another housing or service provider: or
- Certification by the individual or head of household seeking assistance that (s)he was living on the streets or in shelter;
- For individuals exiting an institution, one of the forms of evidence above AND:
  - Discharge paperwork or written/oral referral, OR
  - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.

Category 4:

For victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by self-certification or a certification by the intake worker.

For non-victim service providers:

- An oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND
- Certification by the individual or head of household that no subsequent residence must be verified; AND
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Can this individual/household's homelessness be verified without jeopardizing someone's safety? ☐ **YES** ☐ **NO**

IF YES, the service provider should complete the section below **OR** attach a statement/referral on agency letterhead. IF NO, individual/household should complete self-certification section.

This household sought assistance at _____ (agency) on _____ (date). Please provide information about this person's current homeless situation below:

Self-Certification of Homelessness

Please provide information below about your current homeless situation .**OR** attach a statement to this form.

If form completed by applicant: I certify that the above selected statements are true and complete.

Name (print clearly) Signature Date

If form completed by housing provider staff: I certify that the above selected statements are true and complete as reported to me by the applicant.

Staff Name (print clearly) Signature Date