

(Agency Name or Logo)

Homeless Verification

Applicant Name (Head of Household): _____ UNITY ID #: _____

Gender _____ Date of Birth: _____

Individual Family Total Members _____ # Adults _____ # Children _____

Category 1 – Literally Homeless

I certify that the above named applicant and family, if applicable lacks fixed, regular, and adequate nighttime residence **and** has no appropriate subsequent housing options available and the individual/ household lacks the financial resources and support networks needed to obtain immediate housing, **as evidenced by one of the following:**

Has been residing in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings located at or near:

(Verified in HMIS, by outreach worker, other written referral, or completion of a self-certification form.)*

Is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements including congregate shelters, hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, and transitional housing.

Name of Facility: _____ If hotel/motel, who paid: _____

Address: _____

If transitional housing, indicate where residing prior to entering the facility: _____

(Verified in HMIS, by outreach worker, other written referral, or completion of a self-certification form.)*

Is exiting an institution where he or she resided 90 days or less **and** prior to the admission resided in a shelter or place not meant for human habitation. Name of Institution: _____

Date Entered: _____ Date Exited: _____ Total # Days: _____

Place residing prior to entry: _____

(Verified by discharge/release documents with entry and exit dates, by written or oral referral, or completion of a self-certification form with documentation of living situation prior to entering facility.)*

Has certified she/he or the family is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, that she/he or the family has no other residence, and lacks the resources and support networks needed to obtain housing. *(Obtain police report or self-certification.)*

*** Completion of self-certification requires documentation of due diligence to obtain third-party verification.**

Case Manager/Other Staff Completing Interview (print name): _____

Signature: _____ Date: _____

Address/Program: _____ Fax: _____

Phone: _____ Alternate Phone: _____ Email: _____

Request for Verification of Reported Information: (Must have direct knowledge of the household's housing status.)

Name of Agency: _____ Address: _____

Reported Information is correct - Yes No – Explanation: _____

Name/Title of Persons Verifying Information: _____

Phone: _____ Alternate Phone: _____ Email: _____

Signature: _____ Date of Verification: _____

Applicant Name (Head of Household): _____

UNITY ID #: _____

Category 2 – Imminent Risk of Homelessness

I certify that the above named applicant and family, if applicable, is at imminent risk of becoming homeless defined as:

- Loss of the primary nighttime residence **within 14 days** of the date of application for homeless assistance, including housing owned, rented, living in without paying rent, shared with others, and hotels/motels not paid by charitable or government agency, **with**
- Certification that no subsequent residence is identified, **and**
- Certification or written documentation of a lack of resources or support networks needed to obtain other permanent housing.

(Verified by court order resulting from an eviction action notifying the individual/family they must leave within 14 days, credible evidence indicating the owner/renter of the housing will not allow household to remain more than 14 days, or if residing in a hotel/motel, evidence of a lack of financial resources to stay more than 14 days, or a self-certification of imminent loss of housing, along with the certifications stated above.)

Case Manager/Other Staff Completing Interview (print name): _____

Signature: _____ Date: _____

Address/Program: _____ Fax: _____

Phone: _____ Alternate Phone: _____ Email: _____

Category 3 – Homeless Under Other Federal Statutes (Not an option for CoC-funded assistance.)

I certify that the above named applicant is an unaccompanied youth under the age of 25, or a family with children and youth, who do not otherwise qualify as homeless under Category 1 or 2 but who meet the following conditions:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs and/or 2 or more barriers to employment.

(Verified by non-profit or government agency responsible for administering the assistance under other federal statutes with documentation of special needs by licensed professional, and certification of barriers creating persistent instability and of the conditions stated above.)

Case Manager/Other Staff Completing Interview (print name): _____

Signature: _____ Date: _____

Address/Program: _____ Fax: _____

Phone: _____ Alternate Phone: _____ Email: _____

Category 4 – Fleeing/Attempting to Flee Domestic Violence

I certify that the above named applicant is an individual or family who is fleeing, or is attempting to flee, domestic violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing.

(Oral statement of the above stated conditions documented by self or staff certification. Non-victim service providers must verify oral statements if safety is not jeopardized.)

Case Manager/Other Staff Completing Interview (print name): _____

Signature: _____ Date: _____

Address/Program: _____ Fax: _____

Phone: _____ Alternate Phone: _____ Email: _____