

Verification of Homelessness

Intake staff are required to document homelessness for all persons seeking assistance. Determination and documentation of eligibility must be based on homeless status at intake; intake is the time the individual or family enters the project and begins receiving assistance under the grant program. This form excludes income eligibility requirements; please refer to the applicable program regulation to determine requirements. For projects funded to serve persons with disabilities, attach the Verification of Disability form. For projects funded to serve Chronically Homeless persons, attach the Verification of Chronic Homelessness form.

Applicant Name: _____

HMIS ID: _____

Type of Assistance:

- Emergency Shelter (ES) Transitional Housing (TH)
 Permanent Supportive Housing (PSH) Supp. Services Only (SSO)
 Rental Assistance(RA) (incl. Prevention, Rapid Rehousing (RRH))

Housing Status	Documentation Attached
Literally Homeless (Category 1) <i>Individual or family who lacks a fixed, regular, and adequate nighttime residence</i>	
<p>Is sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (incl. car, park, abandoned building, bus/train station, airport)</p> <p style="text-align: center;">OR</p> <p>Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (incl. congregate shelters, transitional housing, hotels/motels paid for by charitable orgs or federal/state/local government programs)</p> <p style="text-align: center;">OR</p> <p>Is exiting an institution (Must have resided in an institution for 90 days or less AND Must have come from the streets or ES immediately before entering the institution)</p>	<p><input type="checkbox"/> Written observation by outreach worker of the conditions where the individual or family is living. HMIS record may be used (dates of stay/services should be concurrent with application for assistance)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written referral by another housing or service provider. HMIS record may be used (dates of stay/services should be concurrent with application for assistance). If unable to obtain written third-party documentation, may obtain oral* statement.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form signed and dated by applicant stating where (s)he is residing. Self-declaration of housing status should be used very rarely and only when written third party verification cannot be obtained (Exception: lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter)</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Intake worker must document due diligence** to obtain third-party verification. Intake worker may also document any assessments of the applicant's housing status on the Documentation of Homelessness form</p> <p><input type="checkbox"/> Discharge paperwork with the entry/exit dates or duration of stay in the institution</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Written statement from institution official with the entry/exit dates or duration of stay in the institution If unable to obtain written third-party documentation, may obtain oral* statement.</p> <p style="text-align: center;">OR</p> <p>If evidence cannot be obtained from the institution, documentation must include:</p> <p><input type="checkbox"/> A written record of the intake worker's due diligence** in attempting to obtain discharge paperwork</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that the applicant has just exited an institution with the entry/exit dates or duration of stay</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Stay on the streets or in an emergency shelter prior to entering the institution (acceptable forms of evidence described above). HMIS record may be used (dates of stay/services should be concurrent with entry into an institution)</p>

*Persons who meet the category 1 definition are eligible for the following types of assistance:
ES, TH, PSH, SSO, RA (excluding prevention)*

Housing Status	Documentation Attached
<p>Imminent Risk of Homelessness (Category 2) <i>Individual or family who will imminently lose their primary nighttime residence within 14 days</i> AND <i>Has no subsequent residence identified</i> AND <i>Lacks the resources or support networks needed to obtain other permanent housing</i></p>	
<p>Has a primary nighttime residence that is: Housing the individual/family owns OR Housing the individual/family rents OR Housing the individual/family shares with others without paying rent OR Rooms in hotels/motels that are paid for by the individual/family seeking assistance</p>	<p><input type="checkbox"/> Court order or similar legal notice of eviction within 14 days of application for assistance OR <input type="checkbox"/> For individual/family paying for their own stay in a hotel/motel, evidence that the individual/family lacks the necessary financial resources to stay OR <input type="checkbox"/> <i>For CHG-funded projects only:</i> Copy of lease naming household member a leaseholder or other written occupancy agreement identifying him/her as legal tenant of unit AND “Pay or Vacate” notice or eviction notice OR <input type="checkbox"/> An oral* statement by the individual or head of household that the owner or renter of the housing in which they are currently residing will not allow them to stay for more than 14 days after the date of application for assistance*** AND <input type="checkbox"/> Documentation by the owner or renter of the housing verifying the statement. If unable to contact the owner or renter, written certification from intake worker of due diligence** to contact owner or renter AND certification on the Self-Declaration of Eligibility form that the applicant’s statement is true and complete</p> <p style="text-align: center;"><i>In addition to the above, must also document:</i></p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that no subsequent residence has been identified AND <input type="checkbox"/> Certification on the Self-Declaration of Eligibility form (or through the provision of other written documentation) that the applicant lacks the resources and support networks to obtain other permanent housing</p>

*Persons who meet the category 2 definition are eligible for the following types of assistance:
ES, TH, SSO (excluding ESG-funded Street Outreach), **RA** (Prevention only)*

Housing Status	Documentation Attached
<p align="center">Fleeing / Attempting to Flee Domestic Violence (Category 3) <i>Individual or family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence against the individual or a family member, who:</i> <i>Has no identified subsequent residence</i> AND <i>Lacks the resources or support networks needed to obtain other permanent housing</i></p>	
<p align="center"><u>Verification:</u></p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that the applicant is fleeing or attempting to flee domestic violence AND</p> <p><input type="checkbox"/> Certification on the Self-Declaration of Eligibility form that no other housing options are available AND</p> <p><input type="checkbox"/> Documentation of lack of financial resources or support network to obtain other permanent housing <u>If unable to obtain written documentation, may obtain oral* statement.</u> AND</p> <p><i>For Non-Victim Service Providers only, must also document (if no threat to safety):</i></p> <p><input type="checkbox"/> Third-party written referral by an organization from whom assistance was sought for domestic violence OR</p> <p><input type="checkbox"/> Intake worker observations</p>	

*Persons who meet the category 3 definition are eligible for the following types of assistance:
ES, TH, SSO (excluding ESG-funded Street Outreach), **RA** (Excluding HUD-Funded RRH)*

* All third-party oral statements must be recorded, signed and dated by the intake worker as true and complete

** Due diligence must describe efforts to obtain third-party documentation (e.g. phone logs, email correspondence, copies of certified letters), including

outcome of effort and obstacles encountered, and must be signed and dated by intake staff as true and complete

*** Intake worker must certify that statement is found credible. To be credible, the statement must be verified and documented by the owner or renter

Name/Title of Person Completing Form: _____

Signature: _____ Date: _____

Self Declaration of Homelessness

Instructions: If third-party documentation is not available, individuals or households may self-certify their current homeless status. Please initial the line below next to your current living situation and provide the details requested.

Applicant Name : _____

My current living situation is:

<p>_____ Place not meant for human habitation (cars, parks, sidewalks, etc.)</p> <p><i>Location and Dates:</i> _____</p> <p>_____</p>
<p>_____ Emergency Shelter</p> <p><i>Shelter Name, Location, and Dates of Residency:</i> _____</p> <p>_____</p>
<p>_____ Transitional Housing</p> <p><i>Program Name, Location, and Dates of Residency:</i> _____</p> <p>_____</p> <p><i>AND</i></p> <p><i>Previous Homeless Living Situation, Location, and Dates:</i> _____</p> <p>_____</p>
<p>_____ Discharging from a Hospital or other Institution</p> <p><i>Hospital or institution Name, Location, and Dates of Residency:</i> _____</p> <p>_____</p> <p><i>AND</i></p> <p><i>Previous Homeless Living Situation, Location, and Dates:</i> _____</p> <p>_____</p>
<p>_____ Fleeing a domestic violence housing situation that took place in my primary residence or that makes my residence feel unsafe</p> <p>And (initial all that are true)</p> <p>_____ Have no other place to live</p> <p>_____ Do not have the financial resources and support networks to obtain other housing</p>
<p>_____ Fleeing a domestic violence housing situation that took place in my primary residence or that makes my residence feel unsafe</p> <p>And (initial all that are true)</p> <p>_____ Have no other place to live</p> <p>_____ Do not have the financial resources and support networks to obtain other housing</p>

I certify the above-stated information to be true.

Applicant Signature: _____

