



Homelessness Verification Form



I certify that (beneficiary name): _____

1) Current housing situation:

Is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings or on the street. **Verification:** Complete "Statement of Current Situation" and obtain signature of current service provider on this form.

Is staying in an emergency shelter for homeless persons. **Verification:** Complete "Statement of Current Situation" and obtain signature of shelter staff on this form.

Is in a transitional or supportive housing program for homeless persons and/or in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. **Verification:** Complete "Statement of Current Situation" and obtain signature of transitional/supportive housing staff.

Is a temporary resident in a hotel/motel through sponsorship by a social service agency or hotel voucher program. No subsequent residence has been identified and the person lacks the resources and support needed to obtain housing. **Verification:** Complete "Statement of Current Situation" and obtain proof of hotel voucher, and signature of current service provider on this form.

Is being evicted or forced out within a week from a private dwelling unit, no subsequent residence has been identified and the person lacks the resources and support needed to obtain housing. **Verification:** Complete "Statement of Current Situation" and obtain signature of private dwelling owner or staff member on this form.

Is being discharged from an institution, such as mental health or substance abuse treatment facility or jail or prison in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks necessary to obtain housing. **Verification:** Complete "Statement of Current Situation" and obtain signature of institution staff member on this form.

Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support necessary to obtain housing. **Verification:** Complete "Statement of Situation" and obtain signature by the individual on this form.

Statement of Current Situation: (Attach separate sheet if needed):

2) Housing History

Please describe this individual's housing situation for the past three years:

Does this person meet HUD's definition of Chronically Homeless as listed below?

Chronically homeless is defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months.¹" To be considered chronically homeless a person must have been sleeping in a place not meant for human habitation (living on the streets) or in an emergency shelter.

- Yes, this person is chronically homeless
- No. He/she is currently homeless but not chronically homeless.

* Third Party Signature: _____

* Third Party Organization/Title: _____

Applicant/Individual Signature: _____

AmeriCorps Member signature: _____

Veteran Verification Form

If the person is experiencing homelessness ALSO complete the "Homelessness Verification Form"

- A person who served in the military, naval, or air service AND
- A person who was discharged or released under conditions other than dishonorable (Title 38 of the Code of Federal Regulations).²
- Immediate family member related by blood, marriage, or adoption to a veteran or current member of the U.S. armed forces, including one who is deceased.

Verification:

- Copy of Certificate of Release or Discharge from Active Duty, generally referred to as a "DD 214"
- OR copy of Veteran's Health Identification Card AND third party verification from a veteran serving agency
- OR self-certification of military service

* Third Party Signature/Organization/Title: _____

Beneficiary's Signature: _____

AmeriCorps Member's signature: _____

Once complete, return to the AmeriCorps office at the Santa Barbara or Santa Maria United Way.

¹ In 2016 HUD Published a Final Rule on the definition of "Chronic Homelessness" that defines how the episodes of homelessness shall be calculated. If you are working with an individual who has been occasionally homeless please contact AmeriCorps program staff for more assistance.

Updated 3/1/17. * Priority For Obtaining Evidence: (1) Third-party documentation (2) Intake worker observations (3) Certification from persons seeking assistance