

Homeless Verification

Applicant Name (Head of Household): _____ HMIS 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): _____

HMIS 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 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: _____