Applicant Name and Unique Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: \_\_\_\_\_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet**

**Complete with information on the primary cause of homelessness**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Homeless Status | Type of Eligible Documentation | Documentation Attached |
|  | **Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation** | * Signed and dated written certification by person seeking services * Signed and dated written certification by an outreach worker | Yes No  NA |
|  | **Persons living in a shelter designed to provide temporary living arrangements**  - congregate shelters  - transitional housing  - hotels/motels paid for by a charitable org. or gov’t program | * HMIS shelter /transitional housing record * Written referral from previous shelter/transitional housing staff * Written referral from charitable organization or gov’t program | Yes No  NA |
|  | Persons exiting an institution where they resided for 90 days or less and was residing in a place not meant for human habitation immediately before entering institution | * HMIS shelter /transitional housing record * Written referral from previous emergency shelter stay * Written referral from institution | Yes No  NA |
|  | Persons fleeing domestic violence. | * Written, signed and dated verification from the participant * Written, signed and dated verification from the domestic violence service provider. | Yes No  NA |
|  | Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances  - No appropriate subsequent housing options have been identified  - Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing | * Court order/eviction notice * Eviction letter from tenant/homeowner (If living with another, i.e. doubled up) * Letter from hotel/motel manager and cancelled checks to verify costs covered by the participant * Documentation of efforts to divert from homelessness (contact with HPP or ESG provider) | Yes No  NA |
| **Documentation of attempts to obtain third party verification (required):** *Third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.*  **Self Declaration of Homelessness**: *Self declaration is only permitted when third party verification cannot be obtained.* | | | |

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_