## Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_ Category 1: Literally Homeless (Check the one that applies):

\_\_\_\_\_ A primary nighttime residence that is a public or private place not meant for human habitation; or

\_\_\_\_\_ Living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, or hotels and motels paid for by charitable organizations or by federal, state, or local government programs; or

\_\_\_\_\_ Exiting an institution (including a medical or penal institution) where they have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

## \_\_\_\_ Category 2: Imminent Risk of Homelessness

* Residence will be lost within 14 days of the date of their application for homeless assistance due to: eviction, cannot afford hotel/motel not paid for by agency/government, or in shared housing and being asked to leave; and
* No subsequent residence has been identified; and
* They lack the resources and support networks necessary to obtain other permanent housing.

## \_\_\_\_ Category 4: Fleeing/Attempting to Flee Domestic Violence

* Fleeing or attempting to flee domestic violence; and
* No other residence; and
* Lack the resources and support networks necessary to obtain other permanent housing.

**This Certification of Homelessness is NOT VALID unless accompanied by the correct supporting documentation (see following pages).**

By signing, I certify that the above is true and correct and is supported by written documentation.

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All homelessness documentation must follow the standards for general priority order of documentation. These standards also apply people who are experiencing chronic homelessness even though a separate form is used to certify people who are experiencing chronic homelessness.

The General Priority Order of Documentation is:

1. Third Party Documentation
2. Third Party Source
3. Third Party Written
4. Third Party Oral
5. Intake Worker Observations
6. Self-Certifications

## Category 1: Literally Homeless

For all Category 1, the bulleted documentation for applicants in the following living situations:

|  |
| --- |
| Places not meant for human habitation:* Written observation by the case manager/outreach worker; OR if written observation cannot be obtained: certification by the applicant stating that they were living in a place not meant for human habitation.
 |
| Emergency Shelter or organization/government-paid hotel or motel:* Written statement (on letterhead) from the shelter or hotel funder; OR a Service Point printout for the shelter or hotel or motel stay.
 |
|  |
| Transitional Housing when a person was literally homeless directly before entry:* Written statement (on letterhead) from the transitional housing provider; OR a Service Point printout for the transitional housing stay; **AND**
* Literal homeless documentation as noted above
 |
| Exiting an institution:* Discharge paperwork OR a written/oral referral with anticipated discharge date; OR a written record from the institution; OR a written record of the case manager/outreach worker’s due diligence to obtain that evidence AND certification by the applicant that they are exiting the institution; **AND**
* Documentation as noted above for homeless living situation directly prior to institution admission
 |

If any of the above are not available, staff can either document their direct observations of the living situation or have an applicant do a self-certification of the living situation. Either method needs to be supported with documented due diligence detailing the attempts to get third-party verification.

## Category 2: Imminent Risk of Homelessness *(Not eligible for CoC Program PSH or RRH)*

For all Category 2, at least one of the following:

* A court order resulting from an eviction notifying the individual or family that they must leave; or
* For individuals and families leaving a hotel or motel: evidence that they lack the financial resources to stay; or
* For individuals and families staying with family and friends: documentation or verified oral statement from the friends or family providing the housing; or
* If the above are not available, an oral statement from the individual or head of household that is documented and verified by staff along with documented due diligence detailing the attempts to get third-party verification.

In addition, all Category 2 require **BOTH** of the following:

* Certification that no subsequent residence has been identified; and
* Self-certification by the individual or head of household OR other written documentation that they lack the financial resources and support network necessary to obtain permanent housing.

## Category 4: Fleeing/Attempting to Flee Domestic Violence

For all Category 4, if the agency is a victim service provider:

* Staff documented oral statement from the individual or head of household stating that they are fleeing, they have no subsequent residence, and they lack the resources necessary to obtain permanent housing; this statement must be documented by self-certification or by certification of the case manager/outreach worker;

For all Category 4, if the agency is not a victim service provider, all of the following:

* An oral statement by the individual or head of household stating that they are fleeing; statement must be documented by self-certification or by certification of the case manager/outreach worker; and
* Certification by the individual or head of household that no subsequent residence has been identified;
* Self-certification or other written documentation that they lack the financial resources and support network necessary to obtain permanent housing.