

Homeless Verification Form

1) Current housing situation:

I certify that _____

- Is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings or on the street.

Verification: Please attach statement of situation and signature of current service provider.

- Is staying in an emergency shelter for homeless persons.

Verification: Please attach a statement of situation with signature of shelter staff.

- 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: Please attach statement of situation and 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: Please attach statement of situation, proof of hotel voucher, and signature of current service provider.

- 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: Please attach statement of situation and signature of private dwelling owner or staff member.

- 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: Please attach statement of situation and signature of institution staff member.

- 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: Please attach statement of situation and signature by the individual.

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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 has had at least four (4) episodes of homelessness in the past three (3) years." To be considered chronically homeless a person must have been sleeping in a place not meant for human habitation (i.e. living on the streets) or in an emergency shelter.

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

Required signature (see above) _____

Date

Organization/Title: _____

Applicant Signature: _____

Date

Case Manager/Staff signature: _____

Date