

The Chronic Homelessness Certification is used to certify an individual or family as chronically homeless as defined by the U.S Department of Housing and Urban Development (HUD) in 24 CFR 578.3

Client Name: _____ HMIS UID (or DOB): _____

Number of Dependents for Head of Household (families): _____

Applicant must meet both requirements. Please mark that the following documents are attached for:

Disabling Condition

Disability Certification Form

Select one:

- Written verification from the Social Security Administration or receipt of a disability check is attached
 Form is signed by a professional licensed by the State of CA

Chronic Homelessness History (check all that apply):

- HMIS Printout of Client's Program History
 3rd Party Homelessness History Certification
 A letter from a Homeless Service Provider indicating Date and Location of encounter
 Self-Certification of Homelessness

I have checked that the **Chronic Homeless History** documents indicate the person/family was homeless for at least the last 12 consecutive months or 4 instances* within the last 3 years _____

Initials

*The 4 instances must total at least 12 months. Each instance of homelessness must be separated by a break of least 7 days.

I certify, to the extent of my knowledge, that the above named individual or family is experiencing chronic homelessness. I have enclosed verification documents as required under the U.S Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____

Date: _____

Printed Name: _____

Agency Name: _____

Job Title: _____