

HOMELESSNESS CERTIFICATION

The Homelessness Certification is used by agencies* to affirm an individual or family is experiencing homelessness at the time the certification is completed.

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

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

Please read each option. Check the box of the person's living situation **and** the type of third party verification attached:

- Currently living in a place not meant for human habitation** or in an emergency shelter.** (Please select one of the 4 boxes below.)
- First-hand observation by a program staff (Please check the box that best describes your observation of the individual's or family's current living situation);
 - Car, van, camper, or other vehicle not hooked up to facilities
 - Street / outdoor encampment
 - Other, please describe: _____
 - HMIS Program History printout indicating individual is currently homeless
 - 3rd Party Homelessness History Certification
 - Written referral from another agency (on agency letterhead);
- Exiting an institution**, where they resided less than 90 days **and** lived in an emergency shelter or place not meant for human habitation immediately before entering the institution.
- One of the forms of evidence listed above for "living in a place not meant for human habitation or ES";
 - AND** Discharge paperwork from the institution (or written referral from the institution or written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution)
- Currently residing in an Transitional Housing program**, where they lived in an emergency shelter or place not meant for human habitation immediately before entering the program.
- Written referral letter from the transitional housing program; OR
 - HMIS Program History printout indicating stay in Transitional Housing and where person resided prior to entry
- Individual is fleeing or is attempting to flee domestic violence**, where they have no other residence and lack the resources or support networks to obtain other permanent housing. The following verification is attached:
- Self-certification or intake worker certification stating individual is: (i) fleeing; (ii) has no subsequent residence; and (iii) lacks resources; for non-victim service providers, please refer to 24 CFR 578.103

I affirm that I am a representative of one of the referenced agencies and that the above named person is experiencing homelessness. I have enclosed the proper documentation 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: _____

*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, and governmental organizations

**Sleeping on a friend or family member's couch/floor/bed does not qualify as a place not meant for human habitation.
-Clients in these situations may urgently need help, but that help cannot come from a HUD CoC Housing Program.