

# HOMELESS CERTIFICATION

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

## Claim for Homeless Status

**Applicant:** Please check the statement which applies to your current housing situation, then complete the *Applicant Certification* below. The Service Provider that can attest to your homeless situation must complete the bottom portion of this form.

- I am/We are without housing and live on the streets, in a car, non-residential building, etc.
- I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
- I am/We are staying with another family (for less than 30 days) and there are not enough beds for everyone.
- I am/We are at risk of losing housing due to: eviction, sale of housing, loss of income, or other crisis.
- I/We live in substandard housing as determined by a licensed housing inspector.

## Applicant Certification

I hereby certify that the information I am providing is true and accurate. I understand that any intentional misrepresentation on my part will result in the rejection of my application for housing. If I receive housing based on any misrepresentation, I understand that my placement in such housing will immediately terminate.

\_\_\_\_\_  
Applicant/Resident Printed Name                      Applicant/Resident Signature                      Date

## Homeless Status Verification (to be completed by Service Provider)

**I certify that: Applicant \_\_\_\_\_ is homeless.**  
(Print Name of Head of Household)

The applicant lacks a regular or adequate nighttime residence; or is staying in a shelter, institution, or temporary housing; or lives with another family which does not have sufficient beds for everyone; or is at risk of losing their housing; or has had their housing declared substandard.

**A Service Plan for the above-named individual/household has been completed.**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Service Provider                      Name of Service Provider (Print)

\_\_\_\_\_  
Professional Title (Print)                      Organization (Print)

\_\_\_\_\_  
Date                      Phone Number