

Homeless Certification Instruction

Purpose: To verify homeless status for applicants of properties that have the Transitional or Permanent Housing for the Homeless Commitment.

General Information:

The applicant should check which box applies to his or her living situation and sign and date the form. Only one form needs to be completed per household and it only needs to be completed at the time of *initial qualification*.

A Service Provider* is required to complete and sign the bottom half of the form.

Specific Instructions:

1. Enter property name.
2. Enter unit number.
3. The applicant should check the appropriate box
4. The applicant should print his or her name.
5. The applicant should sign here.
6. The applicant should enter the date. Example: 06/15/08
7. A representative of the service provider ("Provider") enters the applicant's name.
8. The provider signs here.
9. The provider prints his or her name here.
10. The provider prints his or her title here.
11. The provider prints the name of the service organization.
12. The provider prints the date here.
13. The provider prints service organization phone number here.

* The service provider is the entity contracted with the owner to provide services to Homeless/Transitional households in the project. The service provider/owner relationship is spelled out in the Service Agreement. If the project owner is a non-profit service-providing agency, then no Service Agreement is necessary, since the owner itself is providing services to the residents.

HOMELESS CERTIFICATION

Property Name: (1) Unit: (2)

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.
- (3) 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.

(4) Applicant/Resident Printed Name (5) Applicant/Resident Signature (6) Date

Homeless Status Verification (to be completed by Service Provider)

<p>I certify that: Applicant <u>(7)</u> is homeless. (Print Name of Head of Household)</p> <p>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.</p> <p>A Service Plan for the above-named individual/household has been completed.</p>

Additional Comments: _____

(8) Signature of Service Provider (9) Name of Service Provider (Print)
(10) Professional Title (Print) (11) Organization (Print)
(12) Date (13) Phone Number