

HOMELESS CERTIFICATION

ESG Applicant Name: _____

- Individual without dependent children (complete one form for each household)
- Household with dependent children (complete one form for each head of household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check only ONE BOX and ONLY complete that section. *IMPORTANT: THIRD PARTY EVIDENCE MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY HOMELESSNESS.

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.
- Description of current living situation:
- _____
- _____

Homeless Street Outreach/Other Program (if applicable): _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Authorized Referral Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter DV Shelter? (check if "yes")

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Shelter Agency Representative Signature: _____ Date: _____

Living Situation: Transitional Housing DV TH? (check if "yes")

- The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

- emergency shelter OR a place unfit for human habitation

Authorized Transitional Housing Agency Representative Signature: _____ Date: _____

Living Situation: Market Housing

- The person(s) named above was/were evicted from or otherwise lost housing obtained through the private market.
- Landlord or other Third Party Signature: _____ Date: _____

AT-RISK HOMELESS CERTIFICATION (for Homelessness Prevention)

ESG Applicant Name: _____

Address from which Applicant is being evicted: _____

- Individual without dependent children (complete one form for each household)
 Household with dependent children (complete one form for each head of household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently at risk for homeless based on the information indicated below and signature indicating their current housing status.

***IMPORTANT: THIRD PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS, [(B) and (C) below], MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT-RISK STATUS.**

Living Situation: Facing Eviction

The person/household named above is currently living in rental housing from which he/she/they is/are being evicted. ESG assistance provided will not overlap with other federal funding sources.

The individual or family:

1. Has income below 30 percent of median income for the geographic area (see income documentation form); **AND**
2. Lacks sufficient resources to attain housing stability. [*e.g., family, friends, faith-based or other social networks immediately available*] to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition.

Evidence of the second eligibility criterion (#2 above) for this Applicant is:

- (A) Source documents (*e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g., former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of "at risk of homelessness" or
- (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

The person(s) listed above meet one or more of the following risk factors:

- (1) Has moved frequently because of economic reasons
- (2) Is living in the home of another because of economic hardship
- (3) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- (4) Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- (5) Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)
- (6) Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
- (7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

continued...

Evidence of risk factors for this Applicant is:

- (A) Source documents (*e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g., former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party **or**
- (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Third Party Certification

I certify that I have provided verification as indicated above that the ESG Applicant meets eligibility criteria and/or risk factors for being “at-risk” of homelessness.

Relevant Third-Party Representative Signature: _____ Date: _____

ESG Staff Signature: _____ Date: _____

SELF CERTIFICATION OF HOMELESS/DOMESTIC VIOLENCE/ AT RISK

ESG Applicant Name: _____

- Household without dependent children (complete one form for each household)
- Household with dependent children (complete one form for each head of household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one:

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.
- I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

ESG Staff Signature: _____ Date: _____

STAFF CERTIFICATION OF HOMELESS/DOMESTIC VIOLENCE/ AT RISK

[Oral third party verification]

I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative)

Verification of homelessness was provided:

Over the phone In person

Regarding _____ (ESG applicant)

The following information was provided regarding the ESG applicant's homeless status, victim status and available resources:

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:

ESG Staff Signature: _____ Date: _____

[Staff/Intake worker observation verification]

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance.

I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:

ESG Staff Signature: _____ Date: _____

CERTIFICATION OF CHRONIC HOMELESSNESS

This document may be used to analyze whether or not an individual or family meets the definition of chronic homelessness. Documentation must be attached to verify status.

ESG Applicant Name: _____

- Household without dependent children (complete one form for each household)
- Household with dependent children (complete one form for each head of household)

Number of persons in the household: _____

Applicant or head of household has the following disability based on the condition(s): (check all that apply)

- A diagnosable substance abuse disorder
- A serious mental illness
- A developmental disability
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

AND

Has been literally homeless:

- For at least 1 year **or**
- On at least four separate occasions in the last 3 years, where each occasion lasted for at least 15 days **or**
- Continuously unsheltered **or**
- Living in a shelter for past 1 year, **or**
- This is the 4th separate occurrence of this living situation in the past 3 years

Time Period Beginning	Time Period End	Number of Days	Location of Stay	Documented?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
Total days				

Based on this summary, I certify that the client: is chronically homeless is not chronically homeless.

ESG Staff Signature: _____ Date: _____

SELF-STATEMENT OF CHRONIC HOMELESSNESS

Third-party verification of chronic homelessness is always preferred; however, this document of Self-Statement may be used when a homeless person/household applying for ESG assistance lacks the connections with service providers necessary to complete a Third Party Verification of chronic homelessness. Documentation must be attached to verify status.

ESG Applicant Name: _____

- Household without dependent children (complete one form for each household)
- Household with dependent children (complete one form for each head of household)

Number of persons in the household: _____

Applicant or head of household has the following disability based on the condition(s): (check all that apply)

- A diagnosable substance abuse disorder
- A serious mental illness
- A developmental disability
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

AND

Has been literally homeless:

- For at least 1 year **or**
- On at least four separate occasions in the last 3 years, where each occasion lasted for at least 15 days* **or**
- Continuously unsheltered **or**
- Living in a shelter for past 1 year, **or**
- This is the 4th separate occurrence of this living situation in the past 3 years

I certify that I was homeless (sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Time Period (Beginning)	Time Period (End)	Number of Days	Location of Stay
Total days			

What else would you like to share about your history? For example, *“I cannot remember the name of the place where I was living during the fall of 2012 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”*

I certify that the above information is correct.

ESG Applicant Signature: _____ Date: _____

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

ESG Staff Signature: _____ Date: _____

CHRONIC HOMELESS CERTIFICATION

I certify that the signed individual below, _____ (Client Name)
 previously resided at _____ (Facility Name)

For the following period(s) of time within the last three (3) years:

Time Period (Beginning)	Time Period (End)	Number of Days	Location of Stay
Total days			

This facility is classified as one of the following types of institutions:

- Emergency Shelter
- Transitional Housing
- Place not meant for human habitation
- Permanent Supportive Housing
- Medical Institution
- Mental Health Institution
- Correctional Facility
- Substance Abuse Facility
- Other: _____

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Authorized Third Party Signature: _____ Date: _____

I hereby authorize the release of this information:

ESG Applicant Signature: _____ Date: _____