



Applicant's Name:		HMIS #:
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Instructions: This form is to certify that the applicant named above is currently "literally homeless" as defined by HUD. The third party completing this form must check one box below, provide a description or information of the client's homeless status, attempts to obtain third party verification, and sign/date for completion.

Agency/Program Name:	
Case Worker/Agency Representative Name (first and last):	
Case Worker/Agency Representative Phone Number:	
Intake Date:	

I certify that the applicant named above and any household members with that applicant (check only one):

Is/are living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation.

Description of Where Applicant is Staying:	
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Case Worker/Agency Representative Signature: _____ **Date:** _____

Is/are staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.

Shelter or Hotel/Motel Name:	
Location/Address:	
If Hotel/Motel: Name of Charity/Program Paying for Stay:	

Case Worker/Agency Representative Signature: _____ **Date:** _____

Is/are exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.

Name of Institution:	
Location:	
Date of Admission	
Description of Unsheltered Location:	
Shelter Name:	
Location:	

Case Worker/Agency Representative Signature: _____ **Date:** _____

The case worker/agency representative was not able to confirm homeless status through observation and/or third party verification was not obtained. The description below includes the observation and attempted actions to obtain third party verification.

Case Worker/Agency Representative Signature: _____ **Date:** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



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Indicate the type of documentation that was collected in order to identify client's homeless status.

RECORDKEEPING REQUIREMENTS	Literally Homeless	<input type="checkbox"/> Written observation by the outreach worker; <u>or</u> <input type="checkbox"/> Written referral by another homeless or service provider; <u>or</u> <input type="checkbox"/> Certification by individual or head of household seeking assistance stating (s)he was living on the streets or in shelter <input type="checkbox"/> For individuals exiting an institution, one of the forms of evidence above; <u>and</u> : <input type="checkbox"/> Discharge paperwork <u>or</u> written/oral referral, <u>or</u> <input type="checkbox"/> Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual they exited institution
	At Imminent Risk of Homelessness	<input type="checkbox"/> A Three-day Pay or Quit Notice with proper proof of service <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> <input type="checkbox"/> For individual and families leaving a motel evidence they lack the financial resources to stay; <u>or</u> <input type="checkbox"/> A documented and verified oral statement; <u>and</u> <input type="checkbox"/> Certification no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification or other written documentation verifying the individual lacks the resources and support necessary to obtain permanent housing
	Unaccompanied Youth	<input type="checkbox"/> Certification by the nonprofit or state or local government the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> <input type="checkbox"/> Certification of no Permanent Housing in last 60 days; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> <input type="checkbox"/> Documentation of special needs <u>or</u> 2 or more barriers
	Fleeing or Attempting to Flee	<p>For victim service providers:</p> <input type="checkbox"/> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p>For non-victim service providers:</p> <input type="checkbox"/> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification, or other written documentation the individual or family lacks the resources and support networks to obtain other permanent housing.



Instructions: This form MUST be completed by the applicant. A self-certification must be provided for each adult member in the household. If the applicant requires assistance (e.g., unable to write, does not speak/write English, etc.), the Case Worker/Agency Representative must ensure the certification is in the words of the applicant and written in first person (e.g., I am homeless). Certifications written in third person (e.g., He is homeless) will not be accepted.

Include approximate date the applicant became homeless, where the applicant is currently sleeping, and the events leading up to homelessness. Vague certification such as “I am homeless” will not be permitted.

Applicant/Other Adult (last, first)

Date

Telephone Number

Email Address

I am:

- Applicant
- Other Adult Household Member

Self-Certification (select ONE of the following and describe below):

- Lack of sufficient resources and/or support networks and no subsequent residence has been identified
- Fleeing domestic violence
- Living on street or in shelter
- Exiting for institution
- Other (please describe)

Applicant Signature

Date