

HOMELESSNESS VERIFICATION

TO BE COMPLETED BY APPLICANT

Applicar complete	heck the statement which applies to your current housing situation and complete the at Certification below. Service provider's that can verify your homelessness situation must the bottom portion of this form.
	I am without housing and live on the streets, in a car, non-residential building, etc.
	I am without housing and spend nights in a shelter, institution, or temporary housing.
	I am staying with another family (for < 30 days) and there are not enough beds for everyone.
	I am at risk of losing housing due to eviction, sale of housing, loss of income, or other crisis.
	(Documentation of Eviction is required – 14 days or less)
	I am fleeing a domestic violence situation
1 hereby	APPLICANT CERTIFICATION certify that the information I am providing is true and accurate. I lack the resources and suppor networks needed to obtain housing.
	ame of Head of Household Signature of Head of Household Date
O BE CO	MPLETED BY SERVICE PROVIDER
	HOMELESSNESS STATUS VERIFICATION
I CERT	IFY THAT(applicant) IS HOMELESS.
	The applicant is staying in a place not meant for human habitation (parks, sidewalk, etc.)
	The applicant is staying in a shelter (Emergency, Transitional, Supportive)
	Name of Shelter:
	The applicant is staying a short time 30 days or less in a hospital or institution.
	The applicant lives with another family which does not have sufficient beds for everyone
	The applicant is being discharged from an institution, (Mental Health, Substance abuse or
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u	Jail/Prison) where he/she has resided for more than 30 consequence.
	Jail/Prison) where he/she has resided for more than 30 consecutive days. The applicant is fleeing a domestic violence situation
	Jan/Prison) where he/she has resided for more than 30 consecutive days.