

Client Name	
Client Identifier	
Date	

How to complete this form and supporting documentation:

- Complete Section 1 of this document by indicating category of homelessness and activity
- Attach one of the following:
 - Written third party documentation (preferred by HUD)
 - Intake worker observations
 - Completed Self-Certification form from the participant

HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Section 1 – CRITERIA FOR DEFINING HOMELESSNESS: *Place an "X" in the correct ESG activity*

<p>Category 1 – Literally Homeless</p> <p><input type="checkbox"/> Street Outreach</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Rapid Rehousing</p>	<p>Individual or family who lacks, regular and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> • Primary nighttime residence is public or private and not meant for human habitation (eligible for street outreach, shelter, RRH). • Is living in a public or privately- operated shelter (congregate shelters, transitional housing and hotels and motels are paid for by charitable organizations or federal, state and local government (shelter and RRH only; does not meet street outreach eligibility). • Is exiting an institution where(s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (shelter and RRH only; does not meet street outreach eligibility).
<p>Category 2 – At Imminent Risk or at risk of Homelessness</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Homeless Prevention</p>	<p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; and • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing

VERIFICATION OF HOMELESS STATUS For Emergency Solutions Grants

<p>Category 3 – Youth or Families with Children</p> <p><input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homeless Prevention</p>	<p>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> • Are defined homeless under the listed federal statutes; • Have no lease, ownership interest or occupancy agreement in permanent housing for 60 days prior to the homeless assistance application; • Have experience persistent instability as measured by two (2) moves or more during in the preceding 60 days; and • Can be expected to continue such status for an extended period due to special needs and barriers.
<p>Category 4 – Fleeing or Attempting to Flee Domestic Violence</p> <p><input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homeless Prevention</p>	<p>Any individual or family who:</p> <ul style="list-style-type: none"> • Is fleeing, or is attempting to flee domestic violence; sexual assault, stalking, or human trafficking; • Experienced attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior; • Experienced verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior; • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing.
<p>At Risk of Homelessness</p> <p><input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homeless Prevention</p>	<ul style="list-style-type: none"> • Individual or family with annual income below 30% AMI; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing; and meets one of the following: <ul style="list-style-type: none"> ○ Has moved because of economic reasons 2 or more times during the past 60 days ○ Is living in the home of another because of economic hardship • Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after date of application for assistance • Lives in a hotel or motel, cost NOT paid for by charity or other assistance • Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau • Is exiting a publicly funded institution • Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the consolidated plan

VERIFICATION OF HOMELESS STATUS For Emergency Solutions Grants

<p>Ineligible Client</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Rapid Rehousing</p> <p><input type="checkbox"/> Homeless Prevention</p>	<p>Any individual or family who does not meet the criteria set forth in Category 1 – 4 for defining homelessness or At Risk of Homelessness definition</p>
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Section 2 – ESG RECORDKEEPING REQUIREMENTS: Subrecipient ***MUST*** attach and submit third party documentation to support client’s verification of homelessness status.

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	AT RISK OF HOMELESSNESS
Literally Homeless	Imminent Risk	Youth or Families with Children	Fleeing/Attempting to Flee DV	At Risk of Homelessness
<p>Written observation by outreach worker; or</p> <p>Written referral by another housing or service provider; or</p> <p>Self-Certification by individual or head of household stating that she was living on the street or in shelter (complete <i>Self-Certification of Housing Status</i> form);</p> <p>Individuals exiting an</p>	<p>Court order from an eviction; or</p> <p>Hotel and motel exit-evidence that they lack the financial resources; or</p> <p>Documented and verified oral statement; and</p> <p>Certification that no subsequent residence has been identified; and</p> <p>Self-Certification or</p>	<p>Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another federal statute; and</p> <p>Certification of no PH in last 60 days; and</p> <p>Self-Certification by the head of household and any available supporting documentation, that he/she has move 2 or</p>	<p>For victim service providers:</p> <p>Oral statement by individual or head of household which states; they are fleeing; they have no other subsequent residence and lack resources. (Statement must be documented by <i>Self-Certification of Housing Status</i> form or <i>Third Party Certification of Homelessness/Domestic Violence</i> completed by intake worker).</p>	<p>Evidence that they lack financial resources</p> <p>Documentation of number/dates of moves</p> <p>21-day notice</p> <p>Documentation of housing (hotel/motel, institution, SRO, etc.)</p> <p>Documentation of characteristics associated with housing instability and increased risk of homelessness</p>

VERIFICATION OF HOMELESS STATUS For Emergency Solutions Grants

<p>institution – one of the forms of evidence above and:</p> <ol style="list-style-type: none"> 1. Discharge paperwork or written/oral referral, or 2. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution. 	<p>other written documentation that household lack the financial resources and support necessary to obtain permanent housing (PH). (complete required form included below) (Use as a last resort)</p>	<p>more times in the past 60 days;</p> <p>Documentation of special needs or 2 or more barriers.</p>	<p>For non-victim service providers:</p> <p>Oral statement by individual or head of household seeking assistance (documented by self-certification (Statement must be documented by <i>Self-Certification of Housing Status</i> form or <i>Third Pary Certification of Homelessness/Domestic Violence</i> completed by intake worker). The family safety must not be jeopardized.</p> <p>Certification by head of household that no subsequent residence has been identified; and</p> <p>Self-Certification or other written documentation, the household lacks financial resources and support networks to obtain other</p>	
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VERIFICATION OF HOMELESS STATUS For Emergency Solutions Grants

			permanent housing. (Use as a last resort)	
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Section 3 – NO SUBSEQUENT RESIDENCE AND INSUFFICIENT RESOURCES/SUPPORT NETWORKS:

<p>Please describe how the household lacks the financial resources and support networks necessary to obtain or remain in permanent housing, and that no other housing options have been identified.</p>	
<p>Client Signature</p>	
<p>Caseworker Signature</p>	
<p>Date</p>	