



THIRD PARTY CERTIFICATION OF HOMELESSNESS/DOMESTIC VIOLENCE For Emergency Solutions Grants

If documentation on agency stationary is not available, this document may be used by ESG Subrecipients to document the housing status of a homeless individual/household seeking ESG assistance. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form.

Complete either Option 1 or Option 2

Program Participant Name	HMIS/Identifier #	Program Entry Date
<input type="checkbox"/> Individual without dependent children (complete one form for each adult household member) <input type="checkbox"/> Household with dependent children (complete one form for each adult household member) Number of persons in the household: _____		

OPTION 1: Documentation of Stay at a Facility/Program

Verification of Stay:

I certify that the above named individual(s) resided at our facility as follows:

Entry Date: _____ Exit Date: _____ or Currently staying at facility/program

Facility or Program Type:

This facility or homeless service program is classified as one of the following:

- Emergency Shelter
- Transitional Housing
- Institutional care facility (e.g., jail, substance abuse or mental health facility, hospital, or similar facility; stay must be less than 90 days)
- Other (describe): _____

OPTION 2: Documentation of Unsheltered Living Situation

I certify that the above named individual(s) 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 designated for, or ordinary used, as a regular sleeping accommodation for human beings (e.g., a car, park abandoned building, bus station, airport, or camp ground).

Description of current living situation:

Verifying Agency/Person

Printed Name	Signature
Date	Title
Organization	Address
Phone	Email Address