

HOMELESS CERTIFICATION

(02/19)

Property Name	Unit Number
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CLAIM FOR HOMELESS STATUS

Applicant: Please check the statement which applies to your current housing situation, and then complete the Applicant Certification below. The service provider that can attest to your homeless situation must complete the bottom portion of this form.

- ☐ I am/We are without housing and live on the streets, in a car, non-residential building, etc.
- ☐ I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
- ☐ I am/We are staying with another family (for less than 30 days) and there are not enough beds for everyone.
- ☐ I am/We are at risk of losing housing due to: eviction, sale of housing, loss of income, or other crisis.
- ☐ I/We live in substandard housing as determined by a licensed housing inspector.

APPLICANT CERTIFICATION

I hereby certify that the information I am providing is true and accurate. I understand that any intentional misrepresentation on my part will result in the rejection of my application for housing. If I receive housing based on any misrepresentation, I understanding that my placement in such housing will immediately terminate.

Applicant/Resident Printed Name	Applicant/Resident Signature	Date
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HOMELESS STATUS VERIFICATION (to be completed by Service Provider)

I certify that the person named below is homeless.

Head of Household

The applicant lacks a regular or adequate nighttime residence; or is staying in a shelter, institution, or temporary housing; or lives with another family which does not have sufficient beds for everyone; or is at risk of losing their housing; or has had their housing declared substandard. .

A Service Plan for the above-named individual/household has been completed.

Additional Comments

Signature of Service Provider	Printed Name of Service Provider	Professional Title
Organization	Telephone Number	Date