



**EMERGENCY SOLUTIONS GRANT
NORTH DAKOTA HOMELESS GRANT
STAFF CERTIFICATION OF HOMELESSNESS**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62381 (7/24)

Program Participant Name		
<input type="checkbox"/> Individual without dependents	<input type="checkbox"/> Household with dependent children	Number of persons in the household

This document may be used when third party documents from an outside source are not available. Staff who use this document must identify efforts made to obtain third party documentation.

OPTION 1: THIRD PARTY ORAL VERIFICATION

I understand that securing third party documentation is the preferred method of certifying homelessness or at-risk for homelessness for an individual who is applying for Emergency Solutions Grant (ESG) or North Dakota Homeless Grant (NDHG) assistance, but I cannot obtain source documents.

Below I am providing details of oral third-party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.

Data Oral Verification Was Made	Relevant Third-Party Representative
Oral Verification Was Made <input type="checkbox"/> Over the Phone <input type="checkbox"/> In Person	
The following information was provided regarding the program participant's homeless status, victim status, employment status, and available resources: 	
I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance but cannot meet this standard. The following efforts were made to obtain third party documentation. 	

OPTION 2: STAFF OBSERVATION VERIFICATION

I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status, and available resources. Due to the following factors, I certify this applicant's eligibility for assistance.
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I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance but cannot meet this standard. The following efforts were made to obtain third party documentation.

STAFF CERTIFICATION

Staff Printed Name	Staff Signature
Title	Date