

# HOMELESSNESS CERTIFICATION

The Homelessness Certification is used by agencies\* to affirm an individual or family is experiencing homelessness at the time the certification is completed.

Client Name: _____	HMIS UID (or DOB): _____
Number of Dependents for Head of Household (families): _____	

Please read each option. Check the box of the person's living situation **and** the type of verification attached:

[Currently living in a place not meant for human habitation\\*\\* or in an emergency shelter](#), (Please select one of the 4 boxes below.)

- First-hand observation by outreach worker (Please check the box that best describes your observation of the individual's or family's current living situation);
  - Car, van, camper, or other vehicle not hooked up to facilities
  - Street / outdoor encampment
  - Other, please describe: \_\_\_\_\_
- HMIS Program History printout indicating individual is currently homeless;
- Homelessness History Verification;
- Written referral from another agency;

[Exiting an institution](#), where they resided less than 90 days **and** lived in an emergency shelter or place not meant for human habitation immediately before entering the institution.

- One of the forms of evidence listed above for "living in a place not meant for human habitation"; **AND**
- Discharge paperwork from the institution (or written referral from the institution or written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution)

[Currently residing in an approved Transitional Housing program](#), where they lived in an emergency shelter or place not meant for human habitation immediately before entering the program.

- Written referral letter from the transitional housing program; OR
- HMIS Program History printout indicating stay in Transitional Housing and where person resided prior to entry

[Individual is fleeing or is attempting to flee domestic violence](#), where they have no other residence and lack the resources or support networks to obtain other permanent housing. The following verification is attached:

- Self-certification or intake worker certification stating individual is: (i) fleeing; (ii) has no subsequent residence; and (iii) lacks resources; for non-victim service providers, please refer to 24 CFR 578.103

I affirm that I am a representative of one of the referenced agencies and that the above named person is experiencing homelessness. I have enclosed the proper documentation as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____	Date: _____
Printed Name: _____	
Agency Name: _____	Job Title: _____

\*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, soup kitchens, food banks, and governmental organizations

\*\*Sleeping on a friend or family member's couch/floor/bed does not qualify as a place not meant for human habitation.