# HOMELESS CERTIFICATION (For Street Outreach, Emergency Shelter, Rapid Rehousing)

NHAP/ESG Applicant Name and HMIS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual without dependent children (complete one form for each household) Household with dependent children (complete one form for each adult household member) Number of persons in the household:

**This is to certify that the above named individual or household is currently homeless based on the check mark in the correct section i.e. A, B, C etc., and signature indicating their current living situation. Check only ONE BOX and ONLY complete that section.**

**\*IMPORTANT: THIRD PARTY EVIDENCE MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY HOMELESSNESS.**

1. **Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)**

The person(s) named above is/are currently living in a public or private place not designed for human habitation, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

Authorized Referral Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

1. **Living Situation: Emergency Shelter** DV Shelter? (check if “yes”)

The person(s) named above is/are currently living in a publicly or privately operated shelter designated to provide temporary living arrangements:

Emergency Shelter Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Shelter Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

1. **Living Situation: Transitional Housing** DV TH? (check if “yes”)

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless and immediately prior to entering transitional housing the person was residing in Emergency Shelter or A place unfit for human habitation.

Transitional Housing Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Transitional Housing Agency Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

1. **Living Situation: Housing With Eviction**

The person(s) named above was/were evicted or otherwise lost housing.

Date of Eviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord or other Third Party Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

\*Homeless Recording Keeping Requirements 24 CFR 578 <https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf>