



MHDC Community Initiatives: HOUSING STATUS CERTIFICATION

Applicant Name: _____

Client referral received from: Coordinated Entry Walk-in Other _____

- Individual without dependent children (complete one form for each household)
 - Household with dependent children (complete one form for each head of household)
- 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, other indicated information, 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.**

LITERALLY HOMELESS

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 (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, 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:

Homeless Street Outreach/Other Program (if applicable): _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Living Situation: Emergency Shelter

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Living Situation: Transitional Housing

- The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

- Emergency Shelter OR A place not meant for human habitation

Living Situation: Market Housing

- The person(s) named above was/were evicted from or otherwise lost housing obtained through the private market.

AT RISK OF HOMELESSNESS**Living Situation: Facing Eviction**

- The person/household named above is currently living in rental housing from which he/she/they is/are being evicted. _____ assistance provided will not overlap with other federal funding sources.

The individual or family:

1. Has income that is at or below the area median income eligibility requirement (ESG 30%/MHTF & MoHIP 50%) for the geographic area(see income documentation form);

AND

2. Lacks sufficient resources to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in Category 1 of the homeless definition.

The person(s) listed above meet one or more of the following risk factors:

- (1) Has moved frequently because of economic reasons
- (2) Is living in the home of another because of economic hardship
- (3) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- (4) Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- (5) Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)
- (6) Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
- (7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Evidence of risk factors for this Applicant is:

- (A) Source documents (e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears).
- (B) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party

OR

- (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

Oral Third Party Verification

Applicant Name: _____

Date of Third Party Verification: _____

Name of Third Party Representative: _____

Verification of homeless status was provided: Over the phone In person

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. 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.

I made the following efforts to obtain third party verification:

Staff Observation Verification

I have observed the following conditions which serve as evidence related to the applicant's housing status and available resources. Due to the following factors I certify this applicant's eligibility for _____ assistance:

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. I made the following efforts to obtain third party verification:

Staff Certification

I certify that I have provided verification as indicated above that the Applicant meets eligibility criteria and/or risk factors for being: Literally Homeless OR At Risk of Homelessness

Staff Signature: _____ **Date:** _____