

DHCD Shelter Grant Programs HOMELESS CERTIFICATION

Applicant Name and Unique Identifier: _____

Staff Member Name: _____

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for 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.

Complete only one section with information on the primary cause of homelessness

Living Situation: A place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks) or a domestic violence situation:

The person(s) named above is/are currently living in 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:

The person(s) named above is/are fleeing from a domestic violence situation and has no subsequent appropriate residence that has been identified and lacks the resources and support networks needed to obtain housing.

Third Party Verification:

Street Outreach Program Name (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.

Authorized Agency Representative Signature: _____

Date: _____

Domestic Violence Service Provider Name (police, hospital, etc.- if applicable):

 Copy of relevant documentation attached (protective order, hospital discharge information, etc.-if applicable)

Authorized Agency Representative Signature: _____

Date: _____

Self Declaration of Housing Status (Shelter Staff Certification must be completed):

I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse

I certify that the information above and any other information I have provided in applying for housing assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

Shelter Program Staff Certification

I understand that third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Shelter Staff Signature: _____ Date: _____

Living Situation: Eviction

The person(s) named about is/are facing eviction within 7 days from current housing
 Copy of eviction notice is attached (required)

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in 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).

Authorized Agency Representative Signature: _____

Date: _____

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: _____

This transitional housing program 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 Transitional Housing program).

Authorized Agency Representative Signature: _____

Date: _____

Living Situation: Institution (hospital, prison or other)

The person named above is being discharged from an institution after a stay of **less than** 30 days and was living immediately prior to admission in:

- A place not meant for human habitation (see above definition)
- A domestic violence situation (see above definition)
- An emergency shelter (see above definition)

The person is being discharged within a week from an institution in which the person has been a resident for **more than** 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks to obtain housing

Third Party Verification:

Homeless Services Program Accessed Prior to Institutionalization (if applicable, for persons being discharged after a stay of less than 30 days): _____

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.

Authorized Agency Representative Signature: _____

Date: _____

Name of Institution person is being discharged from: _____

Authorized Agency Representative Signature: _____

Date: _____

Self Declaration of Housing Status (For persons being discharged after a stay of less than 30 days. Shelter Staff Certification must be completed):

I [and my children] were homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground) prior to my institutionalization

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse

I certify that the information above and any other information I have provided in applying for housing assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

Shelter Program Staff Certification

I understand that third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Shelter Staff Signature: _____ Date _____

