

Verification of Homelessness

In order to be eligible for services funded by a McKinney-Vento Supportive Housing Program (SHP) grant, an applicant must meet HUD's definition of homelessness :

- (1) S/he resides in either: (a) a place not meant for human habitation (e.g., car, park, sidewalk, abandoned building, etc.); (b) an emergency shelter for the homeless; (c) transitional housing for the homeless (TH) into which the person transitioned from a shelter or the street; or (d) HUD-funded permanent supported housing for the homeless (PSH); or
- (2) S/he is being evicted from a private dwelling unit or discharged from an institution in which s/he has resided for at least 30 consecutive days, **and** the date of eviction or discharge is within a week, **and** no subsequent residence has been identified, **and** the person lacks the resources and support networks to obtain housing; or
- (3) S/he has fled a domestic violence situation and has been rendered homeless by such flight.

Effective April 1, 2005, only persons living in (1)(a), (b), or (c) above may access HUD-funded PSH.

I hereby verify that the referred individual _____ is currently homeless and is:

Currently staying at an emergency shelter _____ Date entered
or DV shelter for individuals or families: _____ name of shelter the shelter: _____

Currently a resident of a TH or PSH program, and was homeless
(as defined above) immediately prior to entering the TH or PSH program: _____
name of TH or PSH program

Date entered program: _____
Homelessness circumstances prior to TH or PSH stay: _____

Being discharged from an inpatient setting, and was homeless
(as defined above) immediately prior to inpatient stay: _____
name of inpatient program

Date entered program: _____
Homelessness circumstances immediately prior to inpatient stay: _____

Being evicted from housing within one week.

Homeless due to having fled domestic violence.

Living on the street or in a place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
Location: _____

The above-named individual is deemed chronically homeless because (all four boxes must be marked):

S/he is an unaccompanied Individual.

S/he has a disabling condition: "a diagnosable substance abuse disorder, serious mental illness, developmental disability, and/or chronic physical illness or disability that limits his/her ability to work or perform one or more activities of daily living."

Nature of disability: _____ Evidence of disability: _____

S/he has been continuously homeless for at least a year, or episodically homeless at least 4 times in the last 3 years
Note #1: Staff must attach a statement signed & dated by staff or the client, giving the dates & locations (street or shelters) where the client lived during the period given as the basis for designating him/her chronically homeless.
Note #2: Clients determined to have been chronically homeless prior to entering a HUD-funded program should be counted as chronically homeless while they are in that or subsequent HUD-funded programs. However, only a person currently living on the street or in shelter is eligible to access PSH reserved for the chronically homeless.

A statement signed by staff or the client about such prior homelessness is attached or appears on reverse side of this form

I understand that false statements or information are punishable under federal law.

Signature of Authorized Program Staff

Printed Name and title

Date