



### Homeless Verification Form (To be completed by Service Provider)

Applicant: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_ Date \_\_\_\_\_

To be eligible for the homeless preference in admissions to the HACC’s housing programs, applicants must meet the following definition of homeless. Please check the appropriate box and attach supporting documentation from the list of Recordkeeping Requirements. Documentation must be on an agency’s letterhead. If this verification form is being used as a self-certification, the applicant must check the appropriate box and sign below. Additionally, as part of the self-certification, the applicant must participate in homeless assessment interview and provide a detailed narrative description of homeless status as a part of the eligibility process.

<b>Definition of Homeless - Literally Homeless</b> – check the appropriate box that fits your circumstances Individual or family who lacks a fixed, regular, and adequate nighttime residence due to which of the following:	
<input type="checkbox"/>	Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
<input type="checkbox"/>	Is living in a supervised publicly or privately-operated shelter
<input type="checkbox"/>	Is exiting an institution where (s)he temporarily resided (90 days or less) and was residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings

<b>Recordkeeping Requirements for Verification of Homeless Status:</b> Check the appropriate box for the documentation you will supply	
<input type="checkbox"/>	Written observation by the outreach worker, including when observed, where observed, and how often
<input type="checkbox"/>	Written referral by another housing or service provider attesting to the homeless status
<input type="checkbox"/>	Certification by the head of household or individual seeking assistance that he/she was living on the streets, in a shelter, or another place not designed for or ordinarily used as a regular sleeping accommodation for human beings; how long this occurred; and the last permanent address with the dates living there
<b>For Individuals Exiting an Institution</b> Provide one of the forms of evidence above AND one of the following:	
<input type="checkbox"/>	Discharge paperwork or written referral from the institution
<input type="checkbox"/>	Written record of intake worker’s due diligence to obtain above evidence AND certification by the individual that they exited the institution

Staff Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**For Self-Certification Only:** My signature below indicates the information provided on this form is true and correct and that knowingly providing false information may result in denial of housing assistance.

Applicant Signature (self-certification only): \_\_\_\_\_

**WARNING:** 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.