

Verification of Homelessness Form

Homeless Resident Name: _____ **Date:** _____

Please check the statement below that applies to the homeless resident's household:

- Household without dependent children Number of persons in the household: _____
 Household with dependent children

Please check one of the statements below that applies to the homeless resident's household:

Household is currently homeless and living overnight on the street (i.e. a car, park, abandoned building, bus station, airport, camp ground or in the woods). Unsheltered in the area of _____ starting on _____ (date) in the State of _____. Reason household is currently living unsheltered:

Household is living unsheltered overnight starting _____ (date) ended _____ (date) in the City of _____ in the State of _____. Reason for living unsheltered:

Household member(s) is/are the victim(s) of domestic violence and am/are fleeing from abuse.

Household is currently being court evicted from my housing at the address of _____ and must leave this residence with the next _____ days.

Household is currently living at _____ Shelter and have been living there for the past _____ days/months.

I certify, under penalty of perjury, that the information provided above and any other information I have provided to be true. I understand that this information will be used to determine eligibility for a federally funded program and is subject to verification by the administrators of the program.

Observer Signature

Date

Observer Printed Name

Organization Affiliation

Observer Email Address

Observer Phone Number



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

https://files.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf