

**RENTAL ASSISTANCE: PERMANENT SUPPORTIVE HOUSING
HOMELESS VERIFICATION**

Date: _____

Applicant Name: _____ **DOB:** _____

Agency Name: _____

Case Manager: _____ **Phone Number:** _____

Please indicate the applicant's current living situation.

- Place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings or on the street.
 - Written verification sign and dated on letterhead validating homeless from outreach workers, referring agency, and/or organizations that assisted the person in the recent past **OR**,
 - Letter from applicant with a written narrative of the situation of how they came to be and are residing on the street.
- Emergency shelter for homeless persons.
 - Written verification signed and dated on the emergency shelter letterhead documenting where the person has been residing.
- Short-term (up to 30 consecutive days) transitional or supportive housing program for homeless persons.
 - Written verification signed and dated on letterhead from the transitional facility that the participant has been residing in transitional housing **AND**
 - Written verification of applicant living on the streets prior to transitional housing or was discharged from an institution, evicted, and would have been homeless if not for the transitional housing from shelter/caseworker.
- Temporary resident in a hotel/motel through sponsorship by a social service agency or hotel voucher program.
 - Written verification signed and dated on letterhead from sponsor social service agency required
- Eviction within one week from private dwelling and other housing has not been identified.
 - Evidence of formal eviction proceedings indicating that the participant is evicted within the week before receiving assistance.
- Discharged from an institution, such as mental health, substance abuse treatment facility or jail/prison in which the person has been a resident for up to 30 consecutive days.
 - Written verification signed and dated on letterhead from the institution indicating that the participant has been residing in institution **AND**

- Written verification of applicant living on the streets prior or emergency shelter to entering the institution.
- Fleeing a domestic violence situation and lacks the resources to obtain housing.
 - Written verification signed and dated on letterhead from appropriate social service agency indicating that the participant is a victim of domestic violence **OR**,
 - Letter from applicant with a written narrative of the situation and that they are fleeing a domestic violence situation.

Does the applicant meet HUD’s definition of Chronically Homeless as listed below?

Chronically homeless is defined as an individual with a disabling condition who has been (1) continuously homeless for a year or more **OR** (2) has had four or more episodes of homelessness in the past three years totaling 12 months.

- SMI:** Seriously Mentally Ill **PWOD:** Person with Other Disabilities **PWA:** Person with Aids

Yes

- 1 year or more continuous

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

- 4 or more episodes over the last 3 years totaling 12 months

Episode One (1):

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

Episode Two (2):

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

Episode Three (3):

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

Episode Four (4):

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

Episode Five (5):

Start Date: _____ End Date: _____ Duration: _____

Location: _____ Documentation: Yes No

No

Case Manager Signature: _____

Date: _____