

## Verification of Homelessness

I, \_\_\_\_\_ verify that I lack financial resources and /or support network to secure housing on my own.

### **Please INITIAL any/all applicable items that apply to your current situation**

\_\_\_ I am currently staying at the Emergency Shelter (a statement or printout from Service Point must be provided).

Name of Shelter: \_\_\_\_\_

Address: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Exited: \_\_\_\_\_

\_\_\_ I am being discharged within a week from an institution such as a mental health or substance abuse treatment facility or jail/ prison. I have been residing in the institution for less than 90 days and immediately prior, I was at an emergency shelter, motel paid by an agency, or place not meant for human habitation. (a statement or printout from Service Point must be provided showing previous situation and facility stay).

Name facility: \_\_\_\_\_

Address: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Exited: \_\_\_\_\_

\_\_\_ Last night I spent the night in a place not meant for human habitation (signed statement must be provided).

\_\_\_ Abandoned Building      \_\_\_ Park  
\_\_\_ Streets / sidewalk      \_\_\_ Car  
\_\_\_ Other: (please describe): \_\_\_\_\_

\_\_\_ I am in a transitional or supportive housing program for people experiencing homelessness and immediately prior, I was at an emergency shelter, motel paid by an agency, or place not meant for human habitation. (a statement or printout from Service Point must be provided).

\_\_\_ I am being evicted from my place of residence and asked to leave within 14 days, no other residences have been identified and lack the resources / support networks to obtain permanent housing. (Eviction notice must be attached).

Address: \_\_\_\_\_

Landlord: \_\_\_\_\_

Eviction Notice Date: \_\_\_\_\_

\_\_\_ I am staying with friends or family and being asked to leave within 14 days (signed statement must be provided).

Address: \_\_\_\_\_

Owner/Renter: \_\_\_\_\_

Notice Date: \_\_\_\_\_

\_\_\_ Last night I spent the night in a hotel/motel (a receipt or statement must be provided).

\_\_\_ Paid for by myself but lack financial means to continue to pay  
\_\_\_ Paid for by another individual (family member or friend) who can no longer help pay  
\_\_\_ Paid for by a Charitable Organization who can no longer continue to pay

\_\_\_ I am fleeing a domestic violence situation and have no other residence and lack the resources or support networks to obtain other permanent housing.

\_\_\_ I am working with a DV advocate (name and number) \_\_\_\_\_

\_\_\_ I am not living in safe and / or stable housing (ONLY for Federal Youth Services Bureau / FYSB)

**\*Documentation of individual place of residence, length of stay, income and inability to obtain housing may be required. This form does not guarantee eligibility for services or programs.**

**Applicants Statement of Housing Situation:**

\*\* What are the reasons you currently lack the financial resources and/or support network to secure housing without assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* What other housing related services have you applied for and what is your status? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Please attach any documentation (denial letter, application, wait list status) that supports the statement above. I agree that everything above is true and correct to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**\* If referring agency is present:**  
**I verify and confirm that the above statement is true to the best of my knowledge.**

Referring/Outreach Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Provider documentation of due diligence (If 3rd party verification could not be obtained, case worker must document steps taken in the attempt to obtain 3rd party verification-see Due Diligence Criteria form for additional info):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the information provided by the client (s) seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

Admitting Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admitting Agency Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_