



IMMINENT RISK OF HOMELESSNESS CERTIFICATION FORM

Imminent Risk of Homelessness (HUD Category 2)- Individual or family who will imminently lose their primary nighttime residence with 14 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing.

SECTION I: HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: _____ DOB: _____ HMIS #: _____

Household Size: _____ Number of Adults: _____ Number of Minors: _____

Permanent Housing Address: _____ Unit/Apt: _____

City: _____ Zip Code: _____

SECTION II: THIRD PARTY CERTIFICATION OF IMMINENT RISK OF HOMELESSNESS

(Third party documentation to be verified by provider)

Please check one of the following boxes below to indicate the Third-Party documentation that has been provided. If you have checked box 2, 3 or 4 additional accompanying documentation is required by the household member requesting assistance.

| | | |
|----|--------------------------|--|
| 1. | <input type="checkbox"/> | An Unlawful Detainer ("Eviction") notice . An Unlawful Detainer is a formal eviction action that has been filed in the justice court. |
| 2. | <input type="checkbox"/> | A 3-Day Pay or Quit Notice provided by a property owner/property manager; AND |
| | <input type="checkbox"/> | Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits letter, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.), letter from a property manager/owner indicating an increase in the rent |
| 3. | <input type="checkbox"/> | A signed letter from motel or hotel , not paid for by a charity organization <i>or</i> a federal, state, or government, program stating that the household must vacate <u>within 14 days</u> ; AND |
| | <input type="checkbox"/> | Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.). |
| 4. | <input type="checkbox"/> | If DOUBLED UP, a signed letter provided by the lease holder/property homeowner indicating that the household must vacate <u>within 14 days</u> . Doubled up refers to a person/household living with another person in a home due to economic hardship; AND |
| | <input type="checkbox"/> | Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.). |

HEAD OF HOUSEHOLD CERTIFICATION

(To be signed and dated by the Head of Household)

I, certify that, to the best of my knowledge and belief, all the information above and any other information I have provided is true, accurate and complete. I am also certifying that I have provided third party documentation as indicated above, I have no subsequent residence and I lack the financial resources and support networks needed to obtain other permanent housing.

Head of Household Printed Name

Participant Signature

Date



IMMINENT RISK OF HOMELESSNESS CERTIFICATION FORM

SECTION III: SELF-CERTIFICATION OF IMMINENT RISK OF HOMELESSNESS

(To be completed by Head of Household if third-party documentation is not provided.)
Note: Third Party documentation is required in order to provide financial assistance.

I, _____, hereby certify that I reside in the following address:

Name of Head of Household

Permanent Housing Address: _____ Unit/Apt: _____

City: _____ Zip Code: _____

In addition, the following is true:

- | | |
|--|--------------------------|
| 1. My household will enter the eviction process within 14 days; | 1. _____ HOH Initials |
| 2. No subsequent residence has been identified AND | 2. _____ HOH Initials |
| 3. Household lacks financial resources and support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing. | 3. _____ HOH Initials |
| 4. I will be providing the supporting third party documents to verify Imminently at Risk of Homelessness Status. | 4. _____ HOH Initials |

Additional Information:

HEAD OF HOUSEHOLD CERTIFICATION

(To be signed and dated by the Head of Household)

I, certify that, to the best of my knowledge and belief, all the information above and any other information I have provided is true, accurate and complete.

Head of Household Printed Name

Signature of Head of Household

Date

AGENCY VERIFICATION

(To be initialed by agency staff, verifying households Imminent Risk of Homelessness status)

Staff has verified with the property owner/ property manager that the household must vacate their residence within 14 days. By initialing this form, staff is verifying that the statement above is credible.

Staff Initials

SECTION IV: STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate and complete.

Agency Name: _____

Agency Address: _____

Staff Name: _____ **Staff Title:** _____

E-Mail: _____ **Phone:** _____

Staff Signature: _____ **Date:** _____