THIRD PARTY VERIFICATION OF HOMELESS STATUS FORM

Applicant Name (Head of Household): _____ DOB: _____

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

SECTION I: TO BE COMPLETED BY APPLICANT

Applicant Release Authorization:

I, _____, hereby authorize _____ to release information
(Applicant Name) (Name of Organization)

regarding my living situation. I understand this information is used for the purpose of determining homeless status.

Signature of Applicant: _____ Date: _____

SECTION II: INSTRUCTIONS

This form is intended to be used by agencies which can verify the status of a client as experiencing homelessness. This form can be used to track and certify the instance(s) that a client has sought the same services from a single agency. If checking the "Place Not Meant for Human Habitation" under HUD Category 1: Literally Homeless, please use the Observation of Homeless Status form. If checking HUD Category 4: Fleeing Domestic Violence, complete the second page.

SECTION III: TO BE COMPLETED BY AGENCY VERIFYING APPLICANT'S HOMELESS STATUS

☒ HUD Category 1: Literally Homeless (If checking Category 1, check only one box below and complete fields below.)

☐ STOP – The Observation of Homeless Status Form must be used for any household living in a place not meant for human habitation. Please complete the Observation of Homeless Status form instead.
~~Place Not Meant for Human Habitation A public or private place not meant for, or ordinarily used as a regular sleeping accommodation for human beings, including a street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground~~.

☐ Emergency Shelter A supervised publicly or privately-owned emergency shelter designated to provide temporary living accommodations.

☐ Hotel or Motel paid for by a Charitable Organization or Federal, State, and Local Government Program

☐ Exiting an Institutional Care facility (i.e. jail, substance abuse treatment facility, mental health treatment facility, hospital, or other similar facility); stay must be 90 days or less AND had previously resided in a shelter or in a place not meant for human habitation before entering the institution.

☐ Safe Haven supportive housing serving hard-to-reach homeless persons with severe mental illness, usually coming from the streets.

☐ Transitional Housing (non-CoC programs only) a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

Location/ Facility	Address of Location/ Facility	Time Period Being Verified		
		Start Date	End Date	# of Days
				0
				0
				0
			Total Days	0

Before coming to this location/facility, the applicant resided at/on/in _____

☒ HUD Category 4: Fleeing Domestic Violence (If checking Category 4, check applicable boxes and complete the fields below.)

- ☐ Fleeing or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member;
- ☐ I have no other residence; *and*
- ☐ I lack the resources or support networks to obtain permanent housing

Description of Situation (Include known dates of homelessness and length of stay if applicable).	Time Period Being Verified		
	Start Date	End Date	# of Days
			0
		Total Days	0

AGENCY/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.

Staff Name: _____ Staff Title: _____

Staff Email: _____ Staff Signature: _____

Agency Name: _____

Agency Address: _____

Service Planning Area: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 Date Completed: _____

Organizational Stamp/Card: