CERTIFICATION OF HOMELESSNESS – HEARTH DEFINITION

Appointment Date: __ __ / __ __ / __ __ __ __
Applicant Head of Household Name: _______________________________________
Interviewing Staff Name: _______________________________________
Referred By: _______________________________________
Name of Program Applying For: _______________________________________

Instructions: Use this form to confirm program eligibility when a program requires applicants to be homeless according to the definition used by the U.S. Department of Housing and Urban Development (HUD) under 24 CFR Parts 91, 582, and 583 (definition of Homelessness per the HEARTH Act). According to that definition, to be considered homeless, a household must meet one of the following criteria and the specific elements contained within it:

1. Be lacking a fixed, regular, and adequate night-time residence (e.g. living in a shelter, living in a place not meant for human habitation, or exiting an institution (such as jail) where they were living for less than 90 days);
2. Be fleeing domestic violence; – OR –
3. Be facing the loss of their primary nighttime residence within 14 days (and lacking any other housing options or support networks).

Please note: persons qualifying as homeless under the third option above may not be eligible for Abode Services Housing Programs. If you are unsure about the rules for a given program, please check in with your supervisor.

Part A – Please select the answer that most closely describes your living situation and provide any additional details.

<table>
<thead>
<tr>
<th>Option</th>
<th>Required Documentation to Attach for Part A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am staying in a place not meant for sleeping accommodation (outside, vehicle, streets, etc).</td>
<td>☐ Letter certifying Homelessness from Shelter, Outreach Provider, Transitional Housing Program, or other Social Services Agency.</td>
</tr>
<tr>
<td>☐ I am staying at an emergency shelter.</td>
<td>– OR –</td>
</tr>
<tr>
<td>☐ I am staying in a hotel or motel paid for by a shelter voucher, a charitable organization, or government funds.</td>
<td>☐ Homeless Self-Certification (only if no one can confirm homelessness) and program staff notes detailing attempts to verify information provided.</td>
</tr>
<tr>
<td>☐ I am staying in a transitional housing program.</td>
<td></td>
</tr>
<tr>
<td>☐ None of these options apply (please continue on to Part B).</td>
<td></td>
</tr>
</tbody>
</table>

1. What is the program name or location where you have been staying?

__________________________________________________________________________

2. Is there someone that can confirm this information? (Name and Contact Information)

__________________________________________________________________________

If an option in Part A applies to your situation, please continue to the signature portion on page 3 (you do not need to complete parts B-D).
**Part B** – Please select the answer that most closely describes your living situation and provide any additional details.

- [ ] I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home).
  - If selected, please answer all questions below –

  - [ ] This option does not apply (please continue on to Part C).

  **Required Documentation to Attach for Part B**
  - BOTH
    - Discharge or release paperwork including length of stay.
    - Verification of homelessness prior to stay.
  - OR –
    - Program staff notes detailing attempts to verify information provided

  1. What is the name of the institution? ____________________________
  2. How long have you stayed there?
    - [ ] Less than 90 Days
    - [ ] 90 Days or more (continue on to Part C)
  3. If less than 90 days, where did you stay before?
    - [ ] Emergency Shelter
    - [ ] Place not meant for habitation
    - [ ] Other: ____________________________
  4. If you selected a grey option for question 3, what is the program name or location where you stayed previously?
    __________________________________________________________
  5. Is there someone that can confirm this information? (Name and Contact Information)
    __________________________________________________________

  **If you have selected the first option in Part B and one of the grey options for question 3, please continue to the signature portion on page 3 (you do not need to complete parts C-D).**

**Part C** – Please select the answer that most closely describes your living situation and provide any additional details.

- [ ] I am currently fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against myself or my family (including my children), that has either taken place within my home or my family’s home or has made me or my family afraid to return home.
  - If selected, please answer all questions below –

  - [ ] This option does not apply (please continue on to Part D).

  **Required Documentation to Attach for Part C**
  One or more of the following:
  - Referral from a victim services provider
  - Applicant’s oral statement supported by staff observations
  - Any documentation that household is fleeing domestic violence, including attempts to identify other supports and/or notes from this meeting

  1. Do you have other residence options?
    - [ ] No
    - [ ] Yes STOP The household likely isn’t eligible
  2. Do you have resources or support networks available to obtain permanent housing (e.g. family, friends, faith-based or social networks)?
    - [ ] No
    - [ ] Yes STOP The household likely isn’t eligible

If the option in Part C applies to your situation, please continue to the signature portion on page 3 (you do not need to complete part D).
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**Part D** – Please select the answer that most closely describes your living situation and provide any additional details.

<table>
<thead>
<tr>
<th>☐</th>
<th>I have been notified that I will lose my housing within 14 days (including utility shut-off)</th>
</tr>
</thead>
</table>
| | Required Documentation to Attach for Part C
| ☐ | Notice to Quit, Notice to Terminate, Court Order resulting from an eviction indicating that the household must leave, or utility shut-off notice |
| ☐ | Any documentation that supports this claim, including attempts to identify other supports and/or notes from this meeting |

| ☐ | This option does not apply. The household likely isn’t eligible. |

1. Do you have other residence options?
   - ☐ No
   - ☐ Yes [STOP] The household likely isn’t eligible

2. Do you have resources or support networks available to obtain permanent housing (e.g. family, friends, faith-based or social networks)?
   - ☐ No
   - ☐ Yes [STOP] The household likely isn’t eligible

If the first option in Part D applies to your situation, please continue to the signature portion below.

If you feel that none of the options above adequately describe your housing situation please provide any additional information here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By signing below I certify that the answers I have given above are true and represent a complete accounting of my household situation.

Print Head of Household Name: ____________________________________________  
Head of Household Signature: _____________________________________________  Date: ____________

Based on the responses given by the program applicant to the preceding questions, I find that the applicant named above is homeless according to the definition stated on page one (1) of this form.

Print Staff Name: ________________________________________________________  
Staff Signature: __________________________________________________________  Date: ____________

Agency: ________________________________________________________________