

CERTIFICATION OF HOMELESSNESS – HEARTH DEFINITION

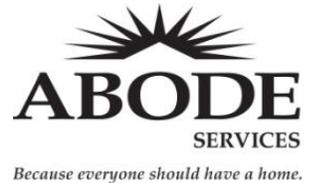
Appointment Date: ___ / ___ / _____

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.

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

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).

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

<input type="checkbox"/> 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 –	<p style="text-align: center;"><u>Required Documentation to Attach for Part B</u></p> <p>BOTH</p> <input type="checkbox"/> Discharge or release paperwork including length of stay. <input type="checkbox"/> Verification of homelessness prior to stay.
<input type="checkbox"/> This option does not apply (please continue on to Part C).	<p style="text-align: center;">– OR –</p> <input type="checkbox"/> 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.

<input type="checkbox"/> 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 –	<p style="text-align: center;"><u>Required Documentation to Attach for Part C</u></p> <p>One or more of the following:</p> <input type="checkbox"/> Referral from a victim services provider <input type="checkbox"/> Applicant’s oral statement supported by staff observations <input type="checkbox"/> Any documentation that household is fleeing domestic violence, including attempts to identify other supports and/or notes from this meeting
<input type="checkbox"/> This option does not apply (please continue on to Part D).	

1. Do you have other residence options?
 - No
 - Yes  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  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.

<input type="checkbox"/> I have been notified that I will lose my housing within 14 days (including utility shut-off) – If selected, please answer all questions below –	<p style="text-align: center;"><u>Required Documentation to Attach for Part C</u></p> <input type="checkbox"/> Notice to Quit, Notice to Terminate, Court Order resulting from an eviction indicating that the household must leave, or utility shut-off notice <input type="checkbox"/> Any documentation that supports this claim, including attempts to identify other supports and/or notes from this meeting
<input type="checkbox"/> This option does not apply. The household likely isn't eligible. <div style="text-align: center; margin-top: 10px;">  </div>	

1. Do you have other residence options?
 - No
 - Yes  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  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: _____