

At Risk of Homelessness Certification Form

At Risk of Homelessness - Individual or household who will imminently lose their primary nighttime residence within 21 days, or as specified by the project’s funder, AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing. If third-party documentation is provided complete Section B on page 1. If third party documentation is NOT provided complete Section C on page 2.

SECTION A: 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 B: THIRD-PARTY VERIFICATION OF AT RISK OF HOMELESSNESS		
Please select one of the following options to indicate the Third-Party documentation that has been provided. If you have selected option 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 21-Day or less Termination of Tenancy Notice, Notice to Pay or Quit, Rent Ledger of balance owed provided by a property owner/property manager; AND
	<input type="checkbox"/>	To show that the household lacks financial resources, you may provide supporting documents such as a termination letter from your employer, current proof of income, proof of unemployment benefits, documentation of lost wages or benefits, a garnishment notice, unexpected medical bills, or evidence of the unexpected loss of a contributing household member (e.g., through death, divorce, or separation).
3	<input type="checkbox"/>	A signed letter from motel or hotel, not paid for by a charity organization, or a federal, state, or government program stating that the household must vacate within 30 days, or the project’s funder’s requirements; AND
	<input type="checkbox"/>	To show that the household lacks financial resources, you may provide supporting documents such as a termination letter from your employer, current proof of income, proof of unemployment benefits, documentation of lost wages or benefits, a garnishment notice, unexpected medical bills, or evidence of the unexpected loss of a contributing household member (e.g., through death, divorce, or separation).
4	<input type="checkbox"/>	If DOUBLED UP or COUCH SURFING , a signed letter provided by the lease holder/property homeowner indicating that the household must vacate within 30 days, or the project’s funder’s requirements; (Doubled up and Couch Surfing refers to a person/household living with another person in a home due to economic hardship) AND
	<input type="checkbox"/>	To show that the household lacks financial resources, you may provide supporting documents such as a termination letter from your employer, current proof of income, proof of unemployment benefits, documentation of lost wages or benefits, a garnishment notice, unexpected medical bills, or evidence of the unexpected loss of a contributing household member (e.g., through death, divorce, or separation).
5	<input type="checkbox"/>	Documentation showing the participant will be exiting dependent care such as foster care or probation within 30 days, or within the project funder’s requirements OR
	<input type="checkbox"/>	Documentation showing the participant will be exiting institution such as a medical treatment facility, substance abuse program, or correctional facility within 30 days or the project funder’s requirements.

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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 provided above, as well as any other information I have submitted, is true, accurate, and complete. I further confirm that I have provided third-party documentation as indicated above, have no subsequent residence, and do not have the financial resources or support networks necessary to obtain other permanent housing.		
_____ Printed Name	_____ Signature	_____ Date

SECTION C: SELF-CERTIFICATION OF IMMINENT RISK OF HOMELESSNESS To be completed by Head of Household if third-party documentation is not provided. *Third party documentation must be obtained before provision of financial assistance	
I, _____, herby certify that I reside in the following address: <div style="text-align: center; margin-left: 100px;">Name of Head of Household</div>	
Permanent Housing Address: _____ Unit/Apt: _____	
City: _____ Zip Code: _____	
In addition, the following is true:	
1. My household has a high likelihood of housing loss within 30 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 (Can include information on the housing crisis or economic hardship): _____ _____ _____	

HEAD OF HOUSEHOLD SELF-CERTIFICATION To be completed, 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.		
_____ Printed Name	_____ Signature	_____ Date

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SECTION D: STAFF CERTIFICATION		
<input type="checkbox"/>	Self-certifications require the agency to verify that the household needs to move out of their current housing. By checking the box and providing staff initials, the agency confirms with the property owner/manager that the household must vacate their residence within 30 days or as specified by the project’s funder. By initialing this form, staff verifies the credibility of the statement above.	<hr style="border: 0.5px solid black;"/> Staff Initials
<p>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.</p> <p>Agency Name: _____</p> <p>Staff Name: _____ Staff Title: _____</p> <p>Email: _____ Phone: _____</p> <p>Staff Signature: _____ Date: _____</p>		