

RE:

Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require this document, which certifies that **the individual or family: is at imminent risk of homelessness within 14 days; has no other residence; and lacks the resources and support networks needed to obtain other permanent housing.** A certification from the individual or head of household seeking assistance or by the intake staff is required.

SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL/HEAD OF HOUSEHOLD OR PROVIDER STAFF

One of the following is provided as evidence that the individual or family meets the definition above in **bold**:

A **court order** resulting from an eviction action notifying the individual/family that they must leave within 14 days after the date of their application for homeless assistance

OR

For individuals and families whose primary nighttime residence is a hotel or motel room NOT paid for by charitable organizations or federal, state, or local government programs for low-income individuals, **evidence that the individual/family lacks the resources necessary to reside there** for more than 14 days after the date of their application for homeless assistance. Examples of this include: **bank statements or hotel invoices AND income documentation**

OR

An **oral statement** by the individual or head of household that the owner/renter of the place they are currently residing in will not allow them to stay for more than 14 days after the date of assessment. The service provider recorded the statement below, **and** certified through one of these additional methods.

The above client stated to me on _____ (date) that they are being required to vacate the property located at _____ (current residence) by _____ (date - MUST be within 14 days of assessment)

AND

Attached **third-party written verification** from the owner or renter

or

Oral verification from the owner or renter, given to the service provider completing this form on _____ (date of conversation).

or

Client self-certification: I, _____ (client name) certify that the above oral statement is true and complete. **Service provider's due diligence** to contact owner/renter to obtain verification that this statement is accurate (Examples include: date of attempted contact, reason for inability to contact, etc.):

If form completed by applicant: I certify that the above selected statements are true and complete.

Name (print clearly)	Signature	Date

If form completed by housing provider staff: I certify that the above selected statements are true and complete as reported to me by the applicant

Staff Name (print clearly)	Signature	Date