

HOMELESS CERTIFICATION

HPRP Applicant Name: _____

 Household without dependent children (complete one form for each adult in the household) Household with dependent children (complete one form per household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.**Check only one box and complete only that section****Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)** The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date: _____

 Obtain signed and dated letter from street outreach provider or referral Agency on Agency letterhead identifying the outreach program or referral Agency and a statement verifying current homeless status of applicant. Obtain signed and dated original self-declaration from applicant. HPRP worker must document attempt to obtain written third-party verification and sign self-declaration form.**Living Situation: Emergency Shelter** Obtain HMIS record of shelter stay showing shelter stay concurrent with HPRP program entry date. The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: _____ Date: _____

 Obtain signed and dated letter from Emergency Shelter Provider on shelter provider letterhead identifying the shelter program, the current shelter occupancy of the applicant including most recent entry and exit dates (if applicable).**Living Situation: Transitional Housing** The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

 emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature: _____ Date: _____

 Obtain signed and dated letter from Transitional Housing Provider on provider letterhead, verifying current transitional housing occupancy of the occupant and that applicant is graduating from or timing out of transitional housing and applicant was residing in emergency shelter or place not meant for human habitation immediately prior to transitional housing admission.

Living Situation: Hospital or Other Institution

Applicant must meet **both** of the following,

- Stay in a hospital or other institution has been for 180 days or less **and**
- Was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution.
- Obtain signed and dated letter from hospital or other institution on hospital or other institution letterhead verifying current hospital/institution stay of applicant and include hospital/institution admission and discharge dates verifying that stay has been for 180 days or less **AND**
- Obtain HMIS record showing shelter stay concurrent with HPRP program entry date. HMIS record must indicate shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date.
OR (if HMIS record cannot be obtained)
- Obtain signed and dated original Homeless Certification from shelter provider or homeless street outreach provider verifying homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date.
OR (if HMIS record or HPRP Homeless Certification cannot be obtained)
- Obtain signed and dated emergency shelter provider letter on shelter provider letterhead identifying shelter program and shelter stay immediately prior to (i.e. the day before or same day as) hospital/institution admission date.
OR (if HMIS record, HPRP Homeless Certification, or provider letter cannot be obtained)
- Obtain signed and dated original self-declaration from applicant verifying homelessness (residing in shelter or place not meant for human habitation) immediately prior to (i.e. the day before or same day as) hospital/institution admission date. HPRP worker must document attempt to obtain third-party verification and sign the HPRP Self-Declaration form.