

In response to this request, the service provider must complete this form to certify eligibility at the time the application is entered onto the Emergency Housing Voucher (EHV) waiting list. Upon notice of selection from the waiting list, the certification must be submitted to the MSHDA Housing Agent.

Applicant Information:

Head of Household Name:	Last 4 SSN:
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Living Situation: To certify that the above named individual or household meets the necessary criteria, choose the option that describes their current living situation. **Select only one from Option A-D.**

Option A:

A 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 campground.

- The 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 (e.g., street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.).

Description of current living situation:

Option B:

Emergency shelter: 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.

- 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 recognized by the CoC as part of the CoC's inventory (e.g., newly established Emergency Shelter).

Option C:

Recently homeless: The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (e.g., Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

- This referring agency 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's inventory.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:
 an emergency shelter **OR** a place unfit for human habitation

Option D:

At-risk of homelessness: The person(s) named above is/are currently at risk of homelessness, per the McKinney-Vento Homeless Assistance Act as codified in HUD's Continuum of Care program regulations.

Certification:

By signing this document, I certify that the information and statements I have provided as part of and/or in support of this homeless certification are to the best of my knowledge true and accurate. I certify that the above named individual or household meets the indicated criteria.

Agency:

Agency Authorized Signatory Name:

Phone: _____ Email: _____

Agency Authorized Signatory Signature: _____ Date: _____