Clear Form

MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

EMERGENCY SOLUTIONS GRANT (ESG)

Homelessness Prevention Certification

Participant Information
Participant Name and HMIS #:

Instructions: This form is to be completed by ESG program staff to certify at-risk of homelessness and participant eligibility for Homelessness Prevention services. Both items in the "General Eligibility" section must be met, along with one item from the "Criteria for Homelessness Prevention" section and stated documentation is provided. Retain both this form and proper documentation to support the housing status in the participant file. Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the individual or family seeking assistance third.

General Eligibility

ESG funds may be used to prevent an individual or family from becoming literally homeless as defined in paragraph (1) of the "homeless" definition in § 567.2, if the individual or family meets the criteria under the "at risk of homelessness" definition in that section, or the criteria in paragraphs (2) or (4) of the homeless definition, provided they have an annual income below 30% area median income. (§ 576.103).

REQUIRED:

☐ Individual or family has an annual income below 30% of the area median income and is documented in either ESG Verification of Income or ESG Income Eligibility Worksheet.
Note: *This must be re-assessed every three months and income must be at or below 30% AMI for continued assistance and/or at program exit.*

☐ Individual or family lacks sufficient resources or support networks to obtain other permanent housing or to avoid entering emergency shelter or another place that would be considered homeless by paragraph (1) of the Federal definition, and this is documented in the completed ESG Self-Certification form.

If both boxes above can be checked and supporting forms are completed, select the criteria under which the individual or family fits in the section below.

Criteria for Homelessness Prevention

☐ **Category 2:** An individual or family who will imminently lose their primary nighttime residence within 14 days of this assessment and no subsequent residence has been identified.
- Documentation of termination of housing or living situation must be third party written verification that includes a copy of court ordered summons, complaint or judgment, or if "doubled up" a letter explaining the termination of residency by the leaseholder or homeowner.

☐ **Category 4:** Any individual or family who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, that has either taken place in the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence, and they have no other residence.
- Documentation of abuse may include court documentation, documentation by a service provider, or completed ESG Self-Certification form.

☐ **Risk 1:** Has moved because of economic reasons two or more times during the 60 days immediately preceding this assessment.
- Documentation of moves may include documentation by a service provider, letter from landlord, court records, recent HMIS record, or completed ESG Self-Certification form.
- Documentation of economic reasons may include notice of employment termination, medical bills, utility bills, or completed ESG Self-Certification form.

☐ **Risk 2:** Is living in the home of another because of economic hardship.
- Documentation of living situation may include letter from property leaseholder or homeowner, or completed ESG Self-Certification form.
- Documentation of economic reasons may include notice of employment termination, medical bills, utility bills, or completed ESG Self-Certification form.

☐ **Risk 3:** Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of this assessment.
- Documentation of termination of housing or living situation must be third party written verification that includes a copy of court ordered summons, complaint or judgment, or if "doubled up" a letter explaining the termination of residency by the leaseholder or homeowner.

☐ **Risk 4:** Lives in a hotel or motel that is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals.
- Documentation of hotel or motel stay and payment source can include receipts of payment for the stay that show stay within two days of this assessment, a letter from hotel/motel, or self-certification outlined in ESG Self-Certification that the individual or family is still staying in the hotel/motel.

☐ **Risk 5:** Lives in a single-room occupancy or efficiency apartment unit in which there resides more than two persons, or in a larger housing unit where more than 1.5 persons reside per room.
- Documentation of housing size may include lease, unit detail from Tax Assessor's Office, letter from other tenants or leaseholder or completed ESG Self-Certification form.
- Documentation of number of people residing in the unit may include the lease, a letter from other tenants/leaseholder, or completed ESG Self-Certification form.

☐ **Risk 6:** Is exiting a publicly funded institution or system of care.
- Documentation may include discharge paperwork or written referral letter.

☐ **Risk 7:** Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the community's approved consolidated plan.
- Documentation shall include the community's approved consolidated plan excerpt (see 24 CRF Part 91) that applies as well as other written documentation describing how the individual or family fits that criteria.

☐ **Risk 8:** A child or youth who qualifies as "homeless" only under section 387(3) of the Runaway and Homeless Youth Act, section 637(11) of the Head Start Act, section 41403(6) of the Violence Against Women Act, section 330(h)(5)(A) of the Public Health Service Act, section 3(m) of the Food and Nutrition Act, or section 17(b)(15) of the Child Nutrition Act.
- Documentation shall include written verification by the agency administering the applicable Federal program.

☐ **Risk 9:** A child or family who qualifies as "homeless" under section 725(2) of the McKinney Vento Homeless Assistance Act and the parent(s) or guardian(s) of that child or youth if living with her or him.
- Documentation shall include written verification by the agency administering the applicable Federal program.

Agency/Staff Certification

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. I certify that, to the best of my knowledge and belief, that the individual or family above meets all eligibility requirements for Homelessness Prevention services and that I am not related to the individual or family through family, business, or other personal ties. I certify that neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to 18 U.S.C. 1001 and 18 U.S.C. 641. I also understand that if any of these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions.

Staff Signature and Date:

Staff Supervisor Signature and Date:

The Michigan State Housing Development Authority is committed to providing meaningful access. For reasonable accommodations, modifications, translation, interpretation, or other services, please contact 517-241-0809 or email MSHDA-HS@michigan.gov.