KENTUCKY HOUSING CORPORATION
HOMELESS VETERAN CERTIFICATION

I certify the following.

______________________________ (VETERAN’S NAME) is a person who served in the armed forces. (This includes all persons regardless of how long they served or the type of discharge they received).

The veteran meets at least one of the following homeless conditions (Please check the applicable homeless description):

☐ Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  a. Has a primary nighttime residence that is a public or private place not meant for human habitation; or
  b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
  c. Is exiting an institution where (s)he has resided for 90 days or less and (s)he resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

☐ Individual or family who will imminently lose (s)he/their primary nighttime residence, provided that:
  a. Residence will be lost within 14 days of the date of application for homeless assistance; and
  b. No subsequent residence has been identified; and
  c. The individual or family lacks the resources or support networks needed to obtain permanent housing.

☐ Individual or family who:
  a. Is fleeing, or is attempting to flee, domestic violence; and
  b. Has no other residence; and
  c. Lacks the resources or support networks to obtain other permanent housing

______________________________
Referral Agency Name

______________________________
Date

______________________________
Staff Name and Title

______________________________
Signature

Agency Mailing Address

Agency Phone Number

Agency Email

Please return completed application and Homeless Veteran Certification form to:
Waiting List, 1231 Louisville Road, Frankfort, Kentucky 40601; or email hcvwaitinglist@kyhousing.org; or fax 619-375-2570, attention: HCV Waiting List.

Referrals can be made by any nonprofit housing or service provider. Agencies are not required to be designated as an authorized VETT Voucher referral.

KHC 10/22/15