

Certification of Homelessness

RE: _____
Individual's Name

Social Security Number

By completing this certification, this agency is confirming that at least one of the following requirements have been met (please check all that apply):

- The above-referenced individual lacks a fixed, regular and adequate night-time residence.
- The above-reference individual has primary night-time residency that is:
 - A supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter and transitional housing for the mentally ill);
 - An institution that provides a temporary resident for individuals intended to be institutionalized; or
 - A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
- The above-referenced individual lives:
 - On the street
 - In a place not meant for human habitation
 - In an emergency shelter
 - In transitional or supportive housing (for people coming from streets or shelter)
 - In any of the above places, but is in a hospital/institution short-term (30 days or less)
- The above-referenced individual is being:
 - Evicted within a week from a private dwelling
 - Discharged within a week from an institution where they stayed long-term

Comments: _____

Certified by:

Agency Name

Signature of staff person completing form

Address

City

State

Zip Code

Telephone

Date

