Shelter Plus Care/Supportive Housing Program

HOMELESS VERIFICATION FORM

Applicant Name: _____ **Date Form Completed:** _____

Referral Agency: _____

Contact Name: _____ **Contact Phone Number:** _____

SHELTER PLUS CARE/SUPPORTIVE HOUSING PROGRAM ELIGIBILITY

- ○ On the Street
- ○ Emergency Shelter
- ○ Transitional housing or supportive housing for the homeless originally coming from the streets or emergency shelter.
- ○ Sub-standard housing not fit for human co-habitation, in car, abandoned building, building w/o utilities, etc.
- ○ Institution: psychiatric hospitalization, substance abuse treatment or jail w/o identified housing upon discharge or resources.
- ○ Eviction within one week from private dwelling and other housing has not been identified.
- ○ Fleeing a domestic violence situation and lacks the resources to obtain housing.

CHRONIC HOMELESSNESS

○ Yes[1]
- ☐ 4 or more episodes over the last 3 years
- ☐ 1 year or more homeless this episode

○ No

VERIFICATION LETTERS

Attached verification letter of homeless status on agency letterhead signed by agency representative.

○ Yes ○ No

Attached verification letter of eviction status signed by agency representative, landlord or family member living in dwelling.

○ Yes ○ No

[1] Additional Verification information is required

HOMELESS VERIFICATION REQUIREMENTS

☐ **I. Living on the street; living somewhere not considered human habitation**

- ☐ Sign and dated statements validating situation on letterhead from outreach workers and organizations that assisted the person in the recent past **OR**
- ☐ Applicant should prepare a written narrative of the situation of how they came to be and are residing on the street **OR**
- ☐ Written verification signed and dated on letterhead from referring social service organization or outreach worker providing information regarding where the person has been residing.

☐ **II. In an emergency shelter**

- ☐ Verification signed and dated on the emergency shelter letterhead documenting where the person has been residing.

☐ **III. Persons coming from transitional housing for homeless persons**

- ☐ Written verification signed, dated and on letterhead from the transitional facility that the participant has been residing in transitional housing **AND**
- ☐ Also must have written documentation of living on the streets prior to transitional housing or was discharged from an institution or evicted or would have been homeless if not for the transitional housing from shelter/caseworkers.

☐ **IV. Person from a short term stay (up to 30 consecutive days) in an institution**

- ☐ Written signed and dated verification on letterhead from the institution staff that the participant has been residing in the institution for 30 consecutive days or less **AND**
- ☐ Written verification on letterhead from shelter or agency that the participant was residing on the street or in an emergency shelter prior to the short term stay in the institution.

☐ **V. Persons being evicted from a private dwelling**

- ☐ Evidence of formal eviction proceedings indicating that the participant was being evicted **within the week before** receiving the SHP assistance.
- ☐ If being evicted by a family member-the family member must provide a certified signed and dated narrative with family contact phone number describing the reason for eviction.
- ☐ If there is no formal eviction and the person is forced out of the housing by circumstances beyond the applicants control the applicant must provide a signed and dated narrative explaining the situation **AND**
- ☐ Independent verification by the Property Manager or Property Staff signed and dated confirming validation of the above circumstances attesting to their validity.
- ☐ Information on the income of the participant and the narrative of the efforts that were made to obtain housing and why without SHP the applicant would be in a shelter or living on the street.

☐ **VI. Persons being discharged from an institution**

- ☐ Written, signed and dated verification on letterhead from the institution's staff that the participant was being **Discharged within the week** before receiving SHP assistance **AND**
- ☐ Income information on the participant and what efforts were made to obtain housing why without SHP assistance, the participant would be living on the streets or in an emergency shelter.

☐ **VII. Fleeing domestic violence**

- ☐ Written, signed and dated verification from the participant that he/she is fleeing a domestic violence situation **OR**
- ☐ If the participant is unable to do so, a written narrative prepared on behalf of the participant regarding the previous living situation, participant should sign and date the statement attesting validity.