

Client Statement of Homelessness Criteria 3 ONLY

I, _____ verify that I lack financial resources and /or family support to secure housing on my own.

To qualify all of the following categories must be occurring in the household.

- 1) I am a: _____ unaccompanied youth under the age of 25 yrs. **OR** _____ family with children.
- 2) I meet the homeless definition under: section 387 of the Runaway & Homeless Youth Act; section 637 of the Head Start Act; section 14043 of the Violence Against Women Act of 1994; section 330(h) of the Public Health Service Act; section 3 of the Food and Nutrition Act of 2008; section 17(b) of the Child Nutrition Act of 1966; or section 725 of the McKinney-Vento Homeless Assistance act. (Signed statement must be provided from one of these programs or verified by admitting program).
- 3) I have not had a lease or rental agreement for permanent housing in the past 60 days. (referral from other housing program or statement from individual)
- 4) I have moved at least 2 times in the past 60 days. (statement from individual or 3rd party verifying moves)
- 5) I will continue to experience instability with housing because of the following barriers:
 - A) Chronic disabilities
 - a. Chronic physical or mental health conditions
 - b. Substance addiction
 - c. History of domestic violence or childhood abuse / neglect
 - d. A child with a disability

OR

- B) Have two or more of the following employment barriers:
 - a. Lack of high school degree or GED
 - b. Illiteracy
 - c. Low English proficiency
 - d. History of incarceration
 - e. History of unstable housing

(Can be documented with medical diagnosis by a professional, employment records, Department of Corrections, Literacy or English test scores, Domestic Violence advocate statement, Treatment facility statement, etc.)

*Documentation of individual place of residence, length of stay, income and inability to obtain housing may be required. This form does not guarantee eligibility for services or programs.

Applicants Statement of Housing Situation:

** What are the reasons you currently lack the financial resources and/or support network to secure housing without assistance? _____

** What other housing related services have you applied for and what is your status? _____

**** Please attach any documentation (denial letter, application, wait list status) that supports the statement above.**

I agree that everything above is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

If referring agency is present:

I verify and confirm that the above statement is true to the best of my knowledge.

Referring/Outreach Provider Signature: _____ Date: _____

Other Comments: _____

Provider documentation of due diligence:

Based on the information provided by the client (s) seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

Admitting Agency Signature: _____ Date: _____

Admitting Agency Supervisor Signature: _____ Date: _____