

ESG VERIFICATION OF HOMELESS STATUS

Client Name: _____

HMIS/DV#: _____

Agency: _____

In all cases of homelessness, HUD has a preferred order for documentation:

- The best documentation to use is written, third (3rd) party documentation (attach directly to this form),
- Followed by oral 3rd party (attach statement confirming oral conversation directly to this form)
- Followed by Intake Staff Observations (only applicable where indicated), and (attach statement confirming observations directly to this form)
- Completed Self-Certification form by the participant (only applicable where indicated.)

Note: Self-Certification should be used as last resort if third party documentation is not obtainable. * Homelessness Prevention projects can only serve individuals and families that have an annual median income (AMI) at 30% or below and three-month recertification is required for continued assistance * Rapid Rehousing projects must re-assessed individuals and families at the 12th month and total household income must be at or below 30% AMI.

CRITERIA FOR DEFINING HOMELESSNESS

(Place an "X" in the correct ESG activity)

Category 1	Category 2	Category 3	Category 4	Ineligible Client
<input type="checkbox"/> Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homeless Prevention
Literally Homeless	Imminent Risk of Homelessness /At Risk of Homelessness	Homeless under other Federal Statutes	Fleeing/Attempting to Flee DV	Clients that do not meet Category 1 -4
Individual or family who lacks, regular and adequate nighttime residence, meaning: <ul style="list-style-type: none"> • Primary nighttime residence is public or private and not meant for human habitation. • Is living in a public or privately-operated shelter (congregate shelters, transitional housing and hotels and motels are paid for by charitable organizations or federal, state and local government. • Is exiting an institution where(s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. 	Imminent Risk: Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing. At Risk:	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> • Are defined homeless under the listed federal statutes; • Have no lease, ownership interest or occupancy agreement in permanent housing for 60 days prior to the homeless assistance application; • Have experience persistent instability as measured by two (2) moves or more during in the preceding 60 days; and • Can be expected to continue such status for an extended period due to special needs and barriers. 	Any individual or family who: <ul style="list-style-type: none"> • Is fleeing, or is attempting to flee domestic violence; • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing. 	Any individual or family who: <ul style="list-style-type: none"> • Does not meet the criteria set forth in Category 1 – 4 for defining homelessness

	<ul style="list-style-type: none">• Individual or family with annual income below 50%AMI; and• The individual or family lacks the resources or support networks needed to obtain other permanent housing; and meets one of the following:• Has moved because of economic reasons 2 or more times during the past 60 days• Is living in the home of another because of economic hardship• Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after date of application for assistance• Lives in a hotel or motel, cost NOT paid for by charity or other assistance• Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau• Is exiting a publicly funded institution• Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the consolidated plan			
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ESG RECORDKEEPING REQUIREMENTS

Category 1	Category 2	Category 3	Category 4	Ineligible Client
Literally Homeless	Imminent Risk of Homelessness /At Risk of Homelessness	Homeless under other Federal Statutes	Fleeing/Attempting to Flee DV	Clients that do not meet Category 1 -4
<ul style="list-style-type: none"> • Written observation by outreach worker; or • Written referral by another housing or service provider; or • Self-Certification by individual or head of household stating that (s) he was living on the street or in shelter; (complete required form included below) • Individuals exiting an institution – one of the forms of evidence above and: <ol style="list-style-type: none"> 1. Discharge paperwork or written/oral referral, or 2. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution. 	<p>Imminent Risk:</p> <ul style="list-style-type: none"> • Court order from an eviction; or • Hotel and motel exit-evidence that they lack the financial resources; or • Documented and verified oral statement; and • Certification that no subsequent residence has been identified; and • Self-certification or other written documentation that household lack the financial resources and support necessary to obtain permanent housing (PH). (complete required form included below) (Use as a last resort) <p>At Risk:</p> <ul style="list-style-type: none"> • Evidence that they lack financial resources • Documentation of #/dates of moves • 21-day notice • Documentation of housing (hotel/motel, institution, SRO, etc) • Documentation of characteristics associated with housing instability and increased risk of homelessness 	<ul style="list-style-type: none"> • Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another federal statute; and • Certification of no PH in last 60 days; and • Self-Certification by the head of household and any available supporting documentation, that (s) he has moved two (2) or more times in the past 60 days; (complete required form included below) and • Documentation of special needs or 2 or more barriers. 	<p>For victim service providers:</p> <ul style="list-style-type: none"> • Oral statement by individual or head of household which states; they are fleeing; they have no other subsequent residence and lack resources. (Statement must be documented by self-certification or intake worker). <p>For non-victim service providers:</p> <ul style="list-style-type: none"> • Oral statement by individual or head of household seeking assistance (documented by self-certification (complete required form included below) or intake worker). The family safety must not be jeopardized. • Certification by head of household that no subsequent residence has been identified; and • Self-Certification or other written documentation, the household lacks financial resources and support networks to obtain other permanent housing. (Use as a last resort) (complete required form included below) 	

I Certify that the household lacks the financial resources and support to necessary obtain permanent housing:

Yes: No:

Verified by: _____ Date: _____ HMIS#: _____

Subrecipient **MUST** attach and submit third party documentation to support client’s verification of homelessness status