

# HOMELESS CERTIFICATION

## For Supportive Housing Programs

*(Please complete all sections including signatures and appropriate attachments)*

Client Name \_\_\_\_\_ is currently *(check on of the boxes below)*

- a. Sleeping in an emergency shelter  
*If you check this box, the certification must be signed by a staff member of the emergency shelter in which the client is residing.*
- b. Sleeping in places not meant for human habitation (such as cars, parks, sidewalks, etc.)  
*If you check this box, the certification must be signed by a staff member of an organization that is providing services to the person and can attest that he or she is homeless.*
- c. Living in transitional housing for homeless persons, having come from a shelter or place not meant for human habitation.  
*If you check this box, the certification must be signed by a staff member of the transitional housing program in which the client is residing. The program must have documentation on file that the individual was homeless at the time he or she entered.*

**I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_)\_\_\_\_\_  
Phone