

**San Mateo County Continuum of Care
VERIFICATION OF HOMELESSNESS**

Applicant Name: _____
(Individual or Head of Household)

Date: _____

Program Name: _____
(Name of Program to Which Applicant is Applying)

This form verifies that the applicant named above is homeless because he or she is living in one of the situations described below. **PLEASE CHECK ONLY ONE BOX.** Relevant documentation **MUST** be attached. The San Mateo County CoC follows HUD's preferred order for documentation. The best documentation to use is *written third party documentation*, followed by oral statement from third party transcribed by intake worker, intake staff observations/certification, and self-certification by the applicant.

- 1a. Literally Homeless: Applicant is staying in a place not meant for regular human habitation.**
- 1) Written document signed by an outreach worker or service worker verifying that applicant is living in a place not meant for human habitation. Can be a letter on letterhead or certification form. Must be signed and dated; **OR**
 - 2) Self-certification by applicant. May be written by applicant or transcribed by intake worker at program to which applicant is applying. Must be signed and dated by applicant.
- 1b. Literally Homeless: Applicant is staying in a shelter or hotel paid for by a program or charity.**
- 1) Written shelter provider certification that the applicant has been residing at the emergency shelter or in a motel. On agency letter head, signed and dated; **OR**
 - 2) Printout of HMIS record including name of applicant, name of program, and entry date.
- 1c. Literally Homeless: Applicant is staying in transitional housing (having entered from 1a or 1b)**
- 1) Written transitional housing provider certification that the applicant has been residing at the program. On agency letter head, signed and dated; **OR**
 - 2) Printout of HMIS record including name of applicant, name of program, and entry date.
- AND:** One of the documents listed above (1a or 1b) verifying that the applicant was residing in the street or in an emergency shelter prior to entering transitional housing.
- 1d. Literally Homeless: Applicant is spending a short time (up to 90 days) in a hospital or other institution and was living in either 1a or 1b at the time of entry to the institution.**
- 1) Written document from institution's staff verifying that the applicant has been residing in the institution for 90 days or less and indicating dates of stay; **OR**
 - 2) Oral statement by institution's staff recorded by intake worker, signed and dated and including dates of stay; **OR**
 - 3) If 1 or 2 cannot be obtained, written record of intake worker's due diligence in obtaining the needed documentation from the institution and self-certification by the applicant (must be signed, dated and indicate dates of stay).

AND: One of the documents listed above (1a or 1b) verifying that the applicant was residing in the street or in an emergency shelter prior to the short-term stay in the institution.

- 2a. Imminent Risk of Homelessness. Being evicted.**
 - 1) Notice from the court system to show that the applicant will be evicted/foreclosed within 14 days after the date of their application for assistance.

- 2b. Imminent Risk of Homelessness. Being asked to leave residence by owner or renter of unit.**
 - 1) Self-certification from applicant that owner or renter of unit in which he or she is living will not allow them to stay more than 14 days after the date of application for assistance. May be written by applicant or transcribed by intake worker (must be signed and dated);

AND (one of the following)

- I. Written verification of the self-certification by the owner or renter of the unit, must be signed and dated; **OR**
- II. Oral verification from the owner or renter of the unit, transcribed and signed by the intake worker; **OR**
- III. If unable to contact owner or renter, written certification by intake worker of due diligence in attempting to obtain verification from the owner or renter of the unit

AND

Self-certification by the applicant that he or she does not have another residence available and does not have the resources and support networks to obtain other permanent housing.

- 2c. Imminent Risk of Homelessness. Living in motel not paid by shelter provider/agency.**
 - 1) Self-certification by the applicant that he or she lacks the resources necessary to reside in the motel for longer than 14 days from the date of application for assistance.

- 4a. Fleeing/attempting to flee domestic violence.**
 - 1) Statement by the applicant stating they are fleeing, have no subsequent residence and no resources to secure housing. Statement may be written by applicant or provided orally and transcribed by intake worker.

AND

- I. If verification is being obtained by a victim service provider, the intake worker must certify the statement.
- II. If verification is being obtained by a non-victim service provider, the statement must be verified, either by written observation by the intake worker or by obtaining written third party verification.

Form Completed By: _____ Date _____

Documentation Attached (please list):