



Property Name: _____

Unit: _____

Claim for Homeless Status

Applicant: Please check the box below which applies to your current housing situation and sign, date under *Applicant Certification*.

- I am/We are without housing and live on the streets, in a car, non-residential building, etc.
- I am/We are without housing and spend nights in a shelter, institution, or temporary housing.
- I am/We are staying with another family/or friends (for less than 30-days) and there are not enough beds.
- I am/We are at risk for losing housing due to eviction, sale of housing, loss of income, or another crisis.
- I/We live substandard housing as determined by licensed housing inspector.

Applicant Certification

I, hereby certify that the information I/we are providing is true and accurate. I understand that any intentional misrepresentation on my part shall result in denial of my application for housing.

X

Applicant Printed Name	Applicants Signature	Date
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Homeless Status Verification

(To be completed by Service Provider)

I hereby certify that: _____ **is homeless.**

(Print Applicant full name)

The applicant/household lacks a regular or adequate residency; or is currently in one or more housing situations listed above.

Additional Comments:

X

Service Providers Printed Name & Title	Service Provider Signature	Date
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Service Providers Organization	Phone Number/Email
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