

VERIFICATION OF HOMELESSNESS

SEND TO: demo@wcysb.org



To qualify for the VCRHYP Rapid Rehousing and Transitional Housing Projects, the applicant must meet one of the following conditions and be able to obtain supporting documentation.

ELIGIBLE CONDITIONS:

1. **Lacking a fixed, regular, and adequate nighttime residence and be either:** (Category 1)
 - **Residing in place(s) not meant for human habitation:** street, car, tent, woods, campground, bus station, under a bridge, airport, abandoned/condemned building, etc. OR
 - **Staying in an emergency shelter:** residing in an emergency shelter program bed for individuals or families, seasonal/overflow shelter or hotel paid by charitable org, domestic violence (DV) shelter/safe home, youth emergency shelter/host home OR
 - **Staying in transitional housing:** residing in a transitional housing program specifically for homeless persons such as VCRHYP Transitional Living Program or DV transitional housing, etc.
2. **In a short-term institution stay:** Resided on streets or in an emergency shelter immediately prior to entering a less than 90 day stay (mental health hospital/crisis bed, jail/prison/Dept. Corrections transitional housing, substance abuse treatment facility, hospital/rehab, etc.). (Category 1)
3. **At imminent risk of losing housing:** Currently housed but losing housing within 14 days, including residing in own housing but being evicted; in a hotel/ motel paid by someone else (no-charitable org) but cannot continue to stay due to lack of funding or other reason; staying with friends or family but has been asked to leave. (Category 2)
4. **Fleeing violence:** Actively fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house. (Category 4)

DOCUMENTATION REQUIREMENTS TO VERIFY HOMELESSNESS

ORDER OF PRIORITY TO DOCUMENT VERIFICATION OF HOMELESSNESS:

- A) Third-party documentation
- B) Case manager observations
- C) Self-certification from individual seeking assistance

Every effort should be made to provide third-party documentation.

Examples of Third-Party Documentation:

- HMIS data showing entries/ exits at shelters
- Statement from a relevant third-party *Note: Can be Sponsor Agency if exiting TLP*
- Dated letter from property owner/ landlord stating that that applicant is no longer able to stay past certain date
- Discharge paperwork from hospital or institution
- Written referrals from other agencies such as law enforcement, emergency medical service
- Oral verification over the phone to case manager from outreach workers, law enforcement, emergency medical service
- Verification of Category 4 can include a letter from a victim service provider, social worker, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance, court records, law enforcement records, or written certification by the participant to whom the violence occurred

Case Manager Observation and Client Self-Certification:

- If third-party documentation is not obtainable, case managers can certify homelessness through observation of the current living situation if residing in place(s) not meant for human habitation and completion of the *Habitability Verification* on the following pages.
- If case manager observation is not viable, an applicant may self-certify by completing the *Self-Certification Form* below, describing how they meet the definition, which must be accompanied by the case manager's documentation of the living situation and the steps taken to obtain evidence of support.

NOTE: Verification needs to show that applicant will be homeless at time of project enrollment, which can be anticipated to be within 14 days after submittal of completed application. However, if application approval is delayed due to verification complications, applicants may be asked to provide verification of homelessness again to ensure documentation covers date of project enrollment.

Need more information? Take the HUD online training around homelessness documentation: <https://www.hudexchange.info/trainings/courses/recording-and-documenting-homeless-status/>

A. THIRD-PARTY VERIFICATION OF HOMELESSNESS COVER LETTER

Include this cover letter with all verification documents and submit to demo@wcysb.org

Applicant's Name: _____ HMIS ID #: _____

I certify that the applicant meets the definition of homelessness as follows: *(check only one box)*

- Staying in a place not meant for habitation such as on the street, in a tent, in a vehicle, or in an abandoned building. (Obtain verification from case managers using Habitability Verification.)
- Staying in short-term emergency shelter, including motel vouchers and transitional housing. (Obtain verification from HMIS, or emergency shelter staff.)
- Asked to leave current place of residence. (Obtain verification from landlord or property owner or manager.)
- Staying in a hotel or motel paid without a voucher. (Obtain verification from hotel/motel staff including a copy of receipt or bill.)
- Actively or attempting to flee domestic violence, has no other residence and lacks the resources or support network to obtain other permanent housing. (If possible, obtain verification from DV shelter staff.)
- Another situation not identified above, describe:

Case Manager Name: _____

Agency: _____

Description of third-party documentation submitted:

B. CASE MANAGER OBSERVATION: HABITABILITY VERIFICATION

Evaluation for Minimum Standards for Habitable Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be habitable. Prior to beginning the review, the subrecipient should organize relevant files and documents to help facilitate their review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.). A copy of this checklist should be placed in the client file.

Approved	Deficient	Standard (24 CFR part 576.403(c))
		1. <i>Structure and materials:</i> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
		2. <i>Space and security:</i> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
		3. <i>Interior air quality:</i> Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		4. <i>Water Supply:</i> The water supply is free from contamination.
		5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		6. <i>Thermal environment:</i> The housing has any necessary heating/cooling facilities in proper operating condition.
		7. <i>Illumination and electricity:</i> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.
		8. <i>Food preparation:</i> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		9. <i>Fire safety:</i> <ol style="list-style-type: none"> a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

CASE MANAGER CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.

- Property does not meet all of the above standards.

Physical address of housing evaluated:

Comments:

Person who completed evaluation: _____

Date evaluation was completed: _____

Signature of evaluator: _____

Date of signature: _____

C. SELF-CERTIFICATION OF HOMELESSNESS

If third-party verification and case manager observation is not viable, an applicant may self-certify by completing the form below with the case manager.

Part 1: Details of Homelessness

What definition of homelessness do you meet from Page 1 of this document? Please be as specific as possible:

Part 2: Necessity of Self-Certification

What steps did you and your case manager take to obtain third party verification or case manager evaluation of housing?

Part 3: Signatures

By signing below, all parties confirm that to the best of their knowledge, this information is accurate and complete. We understand that any misrepresentation or false information may result in applicant's participation being cancelled or denied, or in termination of assistance.

Applicant Signature:

Date:

Case Manger Signature:

Date: