

Department of Mental Health and Addiction Services
Supportive Housing Programs

HOMELESS OR RISK OF HOMELESSNESS VERIFICATION FORM

Applicant Name:	
Date Form Completed:	
Referral Agency:	
Contact Name:	Contact Phone Number:

SUPPORTIVE HOUSING PROGRAMS ELIGIBILITY

- On the Street
- Emergency Shelter
- Transitional or supportive housing
- Sub-standard housing not fit for human habitation, in car, abandoned building, building w/o utilities, housing that would not meet HUD housing quality standards, etc.
- Institution: psychiatric hospitalization, substance abuse treatment or jail w/o identified housing upon discharge or resources
- Eviction from private dwelling and other housing has not been identified
- Fleeing a domestic violence situation and lacks the resources to obtain housing
- Paying more than 50% of household income toward rent and basic utilities (i.e.: gas, electricity, oil, etc.)
- At risk of homelessness, please explain: _____

VERIFICATION LETTERS

Attached verification letter of homeless status on agency letterhead signed by agency representative.

- Yes No

Attached verification letter of eviction status signed by agency representative, landlord or family member living in dwelling.

- Yes No

HOMELESS OR AT RISK OF HOMELESSNESS VERIFICATION REQUIREMENTS

Living on the street; sub-standard living, not considered human habitation

- ❑ Sign and dated statements validating situation on letterhead from outreach workers and/or organizations that assisted the person in the recent past **OR**
 - ❑ Applicant should prepare a written narrative of the situation of how they came to be and are residing on the street or substandard housing **OR**
 - ❑ Written verification signed and dated on letterhead from referring social service organization or outreach worker providing information regarding where the person has been residing.
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In an emergency shelter

- ❑ Verification signed and dated on the emergency shelter letterhead documenting where the person has been residing.
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Persons coming from transitional housing

- ❑ Written verification signed, dated and on letterhead from the transitional facility where the participant has been residing.
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Persons being discharged from an institution

- ❑ Written, signed and dated verification on letterhead from the institution's staff that the participant is being discharged with no identified housing upon discharge and/or lacks the resources to obtain housing.
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Persons being evicted from a private dwelling

- ❑ Evidence of formal eviction proceedings indicating that the participant is being evicted.
 - ❑ If being evicted by a family member, the family member must provide a signed and dated narrative with family contact phone number describing the reason for eviction.
 - ❑ If there is no formal eviction and the person is forced out of the housing by circumstances beyond the applicant's control, the applicant must provide a signed and dated narrative explaining the situation.
 - ❑ Independent verification by the Property Manager or Property Staff signed and dated confirming validation of the above circumstances attesting to their validity.
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Fleeing domestic violence

- ❑ Written, signed and dated verification from the participant that he/she is fleeing a domestic violence situation **OR**
 - ❑ If the participant is unable to do so, a written narrative prepared on behalf of the participant regarding the previous living situation, participant should sign and date the statement attesting validity.
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Persons are at risk of homelessness

- ❑ Evidence of formal eviction proceedings indicating that the participant is being evicted from current living situation with no identified housing option upon eviction and lacks the resources to obtain housing.
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Persons are paying more than 50% household income to rent and utilities

- ❑ Verification of monthly household gross income, rent and utilities, which the Supportive Housing staff use to determine the ratio of income to rent and utilities.
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