

HOMELESS VERIFICATION FORM

*(For use with Miami-Dade County's Continuum of Care Homeless Programs.
This verification is not required in order to apply for homeless prevention assistance.)*

Name of Individual: _____
(Last, First, MI)

D.O.B. _____
(dd/mm/yyyy)

[] Category 1 - Literally Homeless

- Place not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings (on the street).
- An emergency shelter (including congregate shelters, transitional housing for homeless, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals).
- Discharged from an institution in which the person has been a resident for ≤90 days and who resided in an emergency shelter/place not meant for human habitation immediately before entering that institution.

Documentation Requirement – Category 1 (check (x) all that apply and attach to this form)

- This Certification form signed by the outreach worker listed below, and the following observation of conditions in which the individual or family was living: _____; **OR**
- HMIS referral from a CoC access point or the CoC Housing Coordinator.

[] Category 2 - Imminent Risk of Homelessness

Losing current housing within 14 days due to eviction from primary nighttime residence and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain other permanent housing.

Documentation Requirement – Category 2 (check (x) all that apply and attach to this form)

- A court order (Final Judgment or Writ of Possession) resulting from an eviction action notifying the individual or family that they must leave, (Note: if family only has a court filed eviction (Summons), but no “order”, documenting risk of homelessness within 21 days, they may still qualify for prevention assistance as “at risk” instead of qualifying as “homeless”) **OR**
- For those leaving a hotel – evidence that they lack the financial resources to stay longer than 14 days, **OR**
- A written statement from the host family's landlord or housing authority documenting household cannot stay there; **OR**
- Proof that eviction or homelessness occurred in last 90 days, and eviction letter from temporary host family.

[] Category 3 – Youth age 24 and under

As provided by the Consolidated Appropriations Act, 2019, youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving services. Additionally, any youth-serving provider funded by the HUD CoC program on or after 2019 may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence.

Documentation Requirement – Category 3 (check (x) all that apply and attach to this form)

- Self-certification by the youth head of household seeking assistance which explains the circumstances leading to them not having a safe nighttime residence; no subsequent residence has been identified; and they lack the financial resources and support networks to obtain other permanent housing **OR**
- This certification form signed by the intake worker listed below which states: the youth household does not have a safe nighttime residence; no subsequent residence has been identified; and they lack the financial resources and support networks to obtain other permanent housing, **OR**
- Referral from a third party which states: the youth household does not have a safe nighttime residence; no subsequent residence has been identified; and they lack the financial resources and support networks to obtain other permanent housing.

[] Category 4 - Fleeing/Attempting to Flee DV

Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; has no other residence and lacks the resources and support networks needed to obtain other permanent housing.

Documentation Requirement – Category 3 (check (x) all that apply and attach to this form)

- Self-certification by the individual or head of household seeking assistance which states: they are fleeing; no subsequent residence has been identified; and they lack the financial resources and support networks to obtain other permanent housing **OR**
- This certification form signed by the intake worker listed below which states: they are fleeing; no subsequent residence has been identified; and they lack the financial resources and support networks to obtain other permanent housing, **OR**
- Referral/police report from law enforcement or Center for Victim/s Assistance Center.

By signing below I certify that the above information is true and correct and that the above-named individual is homeless based on the selected USHUD criteria and documentation provided:

Signature: _____ Printed Name: _____
Agency: _____ Date: _____