

## HOMELESS CERTIFICATION FORM – Permanent Housing

24 CFR Part 587 as revised, US Department of Housing and Urban Development

\_\_\_\_\_  
Print Applicant's/Participant's Name

\_\_\_\_\_  
Participant's Number

The US Department of Housing and Urban Development (HUD) considers a person homeless only when he/she resides in one of the following places described below. The term "homeless" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State Law. *The only persons who may be served by permanent housing projects (both new and renewal) are those who come from the street, emergency shelters, or transitional housing (TH) for persons homeless prior to entering TH, or persons coming from one of the three aforementioned scenarios, homeless prior to, and in an institutional setting for no more than 90 days.*

**Check off one box that describes the applicant's living situation. Elaborate as applicable and attach a signed (including title) and dated supportive back up documentation to the certification form.**

1. In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, etc. Describe thoroughly. **Must attach accompanying narrative statement:** \_\_\_\_\_

2. In an emergency shelter. Provide the name/location of shelter. **Must attach a signed (including title) and dated letter from shelter verifying stay/leave dates:** \_\_\_\_\_

3. In transitional or supportive housing (SH) for homeless persons who originally came from the street or emergency shelter. Provide the name/location of the TH or SH. **Must attach a signed (including title) and dated letter from TH or SH with leave dates and staff's exhaustive exploration of other housing options (ultimately none):**

4. Living in one of the three aforementioned scenarios or places (street, shelter, TH), now exiting an institution (e.g., hospital, corrections, mental health inpatient) with a stay of not more than 90 days. **Must attach a signed (including title) and dated letter from the institution and proof of homeless scenario prior to entering the institution.**

Chronically Homeless (Circle one)	Yes	or	No
An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one year or more <b>OR</b> has had at least four episodes of homelessness in the past three years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (not transitional housing) during these periods.			

**By signing this form, I am attesting that the information that has been provided is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Applicant (person receiving housing) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Provider's Signature and Title

\_\_\_\_\_  
Date

## Chronic Homelessness Designation – If applicable

Check No. 1 or No. 2 below and complete.

1. \_\_\_\_\_ Homeless continuously for one year or more.

Description of the past year (i.e., where has the unaccompanied individual lived: woods, street, abandoned building, place not meant for human habitation, etc.)

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2. \_\_\_\_\_ The person has had four episodes of homelessness in the past three years.

Description of each episode of homelessness (total of 4); list timelines and where the person lived (shelter or street):

A. \_\_\_\_\_

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B. \_\_\_\_\_

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C. \_\_\_\_\_

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D. \_\_\_\_\_

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