

TRANSITIONAL HOMELESS CERTIFICATION FORM\_\_\_\_\_  
Print Applicant / CoC Participant Name\_\_\_\_\_  
Social Security 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. **New Requirement in 2006 - 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 for persons homeless prior to TH entry, or persons coming from one of the 3 aforementioned scenarios, homeless prior, and in an institutional setting no more than 90 days.**

**Check off one (1) box that describes the applicant's living situation. Elaborate as applicable and attach 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. Name/Location of shelter – **Must attach letter from shelter** verifying stay/leave dates: \_\_\_\_\_
- 3.) In Transitional or Supportive Housing for homeless persons who originally came from the street or emergency shelter. Name/Location of TH or SH – **Must attach letter from TH or SH** with leave dates and staff exhaustive exploration of other housing options; ultimately determining no options available.
- 4.) Is exiting an institution where the individual has resided for 90 days or less and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing. **Must attach a letter from the institution with dates resided along with proof of prior living arrangements.**
- 5.) Is exiting an institution where the individual has resided for 90 days or less and immediately prior to stay in institution stayed in PLACES not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, etc. **Must attach a letter from the institution with dates resided along with proof of prior living arrangements.**
- 6.) Is being evicted within 14 days from a private dwelling unit and no subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing. **Must attach a copy of the eviction notice from family/friend or landlord.**
- 7.) Any individual or family who: is fleeing, or is attempting to flee, domestic violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing. **Must have an oral statement or self certification or other written documentation that the individual or family has no subsequent residence and lacks the financial resources to obtain other permanent housing.**

**Chronically Homeless (Please Circle):**    YES            or            NO

A homeless individual or family, where the head of household that has been diagnosed with a disabling condition and has either been **continuously homeless for a year** or more OR **has had at least 4 episodes of homelessness in the past three (3) years.** To be considered chronically homeless a person must have been on the streets or in an emergency shelter (not transitional housing) during these stays.

**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 Signature and Title\_\_\_\_\_  
Date

**Chronic Homelessness Designation – if Applicable**

Please check # 1 “or” # 2.

1. \_\_\_\_\_ Homeless continuously for 1 year:

Description of the past year (ie. where has the individual/household lived; woods, street, abandoned building, inhabitable structure, place NOT meant for human habitation, etc.

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2. \_\_\_\_\_ The person/household has had four (4) episodes of homelessness in the past (3) years.

Describe of each (total of 4) episode of homelessness (list timelines and where the person/household lived (shelter or street):

(a) \_\_\_\_\_

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(b) \_\_\_\_\_

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(c) \_\_\_\_\_

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(d) \_\_\_\_\_

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