

RE: []
Applicant's Name (print)

Federal regulations permit the use of these housing funds for individuals or families who are literally homeless, have not identified a subsequent residence and lack the resources and support networks needed to obtain permanent housing. A certification from the individual or head of household seeking assistance is required. Verification of these circumstances may be required.

THIS SECTION TO BE COMPLETED BY APPLICANT OR HEAD OF HOUSEHOLD

1) My current living situation is (describe and include dates)

[]

2) Select all that apply

- I/We lack the support networks (family/friends, faith-based or social networks etc...) need to obtain permanent housing
- I/We lack the financial resources needed to obtain permanent housing

Please identify income and assets of the household. Include the source of income as well as the amount, type of asset and amount. These items may need to be verified.

" []

I/We am unable to identify a subsequent residence and without assistance will be homeless

I certify that the above selected statements are true and complete.

[]	Signature	[]
Name (print clearly)	Signature	Date

Received by:

Staff Completing Form	Staff Completing Form Signature	[]
Staff Name (print clearly)	Signature	Date

RE:

Applicant's Name (print)

The completion of this form is required when third-party source documentation is not provided or HUD'S preferred method of verifying homeless is not followed. Potential reasons for not providing third-party verification include: safety of the individual(s), no third party sources identified, inability to contact third party, etc. Efforts reflecting attempts to follow HUD's preferred order include phone calls, emails, letters, faxes, etc. When documenting the efforts and outcomes for phone calls attempts, descriptions must include the name and title of the individual, contact number, date and time. Copies of efforts to obtain third-party documentation through email correspondence, certified letters, faxes, etc. should be attached to this document.

Describe the reason(s) you were unable to acquire the third-party verification:

Describe efforts to follow HUD's preferred method of verification and the outcome:

Document(s) attached: YES NO

If yes, specify:

I certify this information to be true and complete.

	Staff Completing Form Signature	
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Staff Name and Title

Signature

Staff Phone/Email

****All of this same information can be provided in a letter on letterhead.
Please include locations, dates, names, and contact information****