

IMMINENT RISK OF HOMELESSNESS CERTIFICATION FORM

Imminent Risk of Homelessness (HUD Category 2) - An individual or family who will imminently lose their primary nighttime residence, meaning all of the following: (i) Residence will be lost within 14 days of the date of their application for homelessness assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lack the resources and support networks needed to obtain other permanent housing. If third-party documentation is provided complete Section II on page 1. If third party documentation is not provided complete Section III on page 2.

SECTION I: HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: _____ DOB: _____ HMIS #: _____

Household Size: _____ Number of Adults: _____ Number of Minors: _____

Permanent Housing Address: _____ Unit/Apt: _____ City: _____

Zip Code: _____

SECTION II: THIRD-PARTY VERIFICATION OF IMMINENT RISK OF HOMELESSNESS

Please check one of the following boxes below to indicate the Third-Party documentation that has been provided. If you have checked box 2, 3, or 4 additional accompanying documentation is required by the household member requesting assistance.

1.	<input type="checkbox"/>	An Unlawful Detainer (“Eviction”) notice. An Unlawful Detainer is a formal eviction action that has been filed in the justice court.
2.	<input type="checkbox"/>	A 3-Day Notice to Pay or Quit Notice provided by a property owner/property manager; AND
	<input type="checkbox"/>	Accompanying documentation (to include economic hardship) to demonstrate the household lacks the financial resources. Documentation may include, but is not limited to: letter of termination from employer; unemployment benefits letter; loss of wages or benefits; garnishment notification letter; unexpected medical costs; unexpected loss of contributing household member (e.g. death, divorce, separation, etc.); letter from a property manager/owner indicating an increase in the rent.
3.	<input type="checkbox"/>	A signed letter from motel or hotel , not paid for by a charity organization, or a federal, state, or government program stating that the household must vacate within 14 days of the date of application for homelessness assistance; AND
	<input type="checkbox"/>	Accompanying documentation (to include economic hardship) to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer; unemployment benefits; loss of wages or benefits; garnishment notification letter; unexpected medical costs; unexpected loss of contributing household member (e.g. death, divorce, separation, etc.).
4.	<input type="checkbox"/>	If DOUBLED UP or COUCH SURFING, a signed letter provided by the lease holder/property homeowner indicating that the household must vacate within 14 days of the date of application for homelessness assistance; (Doubled up and Couch Surfing refers to a person/household living with another person in a home due to economic hardship) AND
	<input type="checkbox"/>	Accompanying documentation (to include economic hardship) to demonstrate the household lacks the financial resources. Documentation may include but is not limited to: letter of termination from employer; unemployment benefits; loss of wages or benefits; garnishment notification letter; unexpected medical costs; unexpected loss of contributing household member (e.g. death, divorce, separation, etc.).

HEAD OF HOUSEHOLD CERTIFICATION

(To be signed and dated by the Head of Household)

I certify that to the best of my knowledge and belief, all the information above and any other information I have provided is true, accurate, and complete. I am also certifying that I have provided third party documentation as indicated above, I have no subsequent residence, and I lack the financial resources and support networks needed to obtain other permanent housing.

Printed Name of Head of Household

Head of Household Signature

Date

IMMINENT RISK OF HOMELESSNESS CERTIFICATION FORM

SECTION III: SELF-CERTIFICATION OF IMMINENT RISK OF HOMELESSNESS
To be completed by Head of Household if third-party documentation is not provided.
 *Third party documentation must be obtained before provision of financial assistance

I, _____, hereby certify that I reside in the following address:

Name of Head of Household

Permanent Housing Address: _____

Unit/Apt: _____

City: _____

Zip Code: _____

In addition, the following is true:

1. My household has a high likelihood of housing loss within 14 days

1. _____

HOH Initials

2. No subsequent residence has been identified **AND**

2. _____

HOH Initials

3. Household lacks financial resources and support networks (e.g. family, friends, faith-based, or other social networks) needed to obtain other permanent housing.

3. _____

HOH Initials

4. I will be providing the supporting third-party documents to verify Imminently at Risk of Homelessness Status.

4. _____

HOH Initials

Additional Information (Can include information on the housing crisis or economic hardship):

HEAD OF HOUSEHOLD SELF-CERTIFICATION

To be completed, signed and dated by the Head of Household

I, _____ certify that, to the best of my knowledge and belief, all of the information above, and any other information I have provided, is true, accurate and complete.

Printed Name of Head of Household

Signature of Head of Household

Date

AGENCY VERIFICATION

(To be initialed by agency staff, verifying households Imminent Risk of Homelessness status)

Staff has verified with the property owner/ property manager that the household must vacate their residence within 14 days. By initialing this form, staff is verifying that the statement above is credible.

Staff Initials

SECTION IV: STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.

Agency Name: _____

Agency Address: _____

Staff Name: _____

Staff Title: _____

E-Mail: _____

Phone: _____

Staff Signature: _____

Date: _____