

Homelessness Verification Form*

DATE: _____

PROJECT/ BUILDING: _____

APPLICATION PROFILE FOR: _____

REFERRAL SOURCE: _____

Documentation MUST be attached to this form from Referral Source indicating at minimum the applicant's nature of homelessness.

NATURE OF HOMELESSNESS:

- Transient/Living on the Street
- Currently in emergency shelter
- Currently in hotel/motel
- Currently in transitional facility
- Currently in institutional facility
- Domestic violence
- Documented imminent eviction/ evicted
- Current residence condemned/ dangerous with documented code issues
- Overcrowding verified by referral source
- Other: _____

Name and address of current housing (as noted above): _____

Applicant has been in their current housing status since what date: _____

RESIDENT'S SOURCE(S) OF INCOME and/or SUBSIDY and AMOUNT(S) AT INTAKE:

Source: _____ Monthly/Per Diem Amount: \$ _____

Source: _____ Monthly/Per Diem Amount: \$ _____

AMOUNT OF RENT TO BE CHARGED PER MONTH AT INTAKE: \$ _____

COMMENTS: _____

COMPLETED BY: (Print name) _____

(Signature) _____

(Organization) _____

(Job Title) _____

*Developed for use with Homeless Housing and Assistance Program (HHAP) funded projects/ units.

NOTE: Although the applicant may qualify under HHAP, they may not qualify for HUD's definition of homelessness. Please see 24 CFR 576. This form is intended only to verify homelessness. HHAP sponsors should use a separate intake/ screening tool for determining the prospective residents' eligibility for housing, and assessment tool for developing an individualized support services plan for residents.