# Third Party Homeless Verification

# (Sponsor, Service Provider or Property Management Company Name)

**In order to complete this form, it will need to be printed and filled out by the appropriate third party.**

**Applicant Name:**

Homeless applicants who meet the criteria described below must provide certification of homeless status from a public or private facility that provides shelter for such households, or from the local police department, or any social service agency that provides services for homeless people. In order to verify an applicant’s homelessness please fill out the following form:

# 1. Resident Applicant is “Homeless” (choose one of the following *or* select one from item 2):

[ ]  Moving from an emergency shelter

[ ]  Moving from Transitional Housing

[ ]  An individual who lacks a fixed, regular, and adequate nighttime residence:

* + 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels(weekly or daily rental SRO or Motel), congregate shelters, and Transitional Housing for the mentally ill);
		2. An institution that provides a temporary residence for individuals intended to be institutionalized
		3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

# 2. Resident applicant is “At Risk of Homelessness” (if no item from #1 has been checked choose one of the following):

[ ]  Households with income at or below the greater of 20 percent of State Median Income (SMI) or Area Median Income (AMI) with no rental subsidy available to the household.

[ ]  Households with incomes above 20 percent but not exceeding 30 percent of the greater of SMI or AMI:

AND (check all that apply)

[ ]  Face immediate eviction and have been unable to identify a subsequent residence.

[ ]  Face imminent release from an institution (i.e.; jail, hospital foster care system) where other housing placement resources are not available

[ ]  Reside in an overcrowded setting (more than two persons per living/sleeping area) in which the household does not hold a lease.

[ ]  Reside in substandard housing subject to a current official vacation notice.

[ ]  Pay more than 50 percent of income in housing costs.

# 3. Please provide documentation or certification of homelessness (choose A or B)

A. The following documentation is provided and included herein. (Please note: all elements of the definitions must be met. For example, a notice of eviction is not sufficient while a notice of eviction plus income verification documenting the potential tenant has income of less than 30% of AMI is sufficient.)

[ ]  Notice of eviction

[ ]  Three-day notice pay rent or quit

[ ]  Income verification (SSI statement or two most paycheck stubs)

[ ]  Receipt of payment (SRO or Motel)

[ ]  Letter of verification (homeless agency, shelter or transitional housing operator)

[ ]  Release papers (jail, hospital, or foster care system)

[ ]  Rent receipt with proof of income

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other).

B. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from (agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (resident applicant) meets the criteria for homelessness checked above (items 1 or 2). Documentation is available at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency), located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

Street City State/Zip

# 4. Please sign and date.

Agent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sponsor, Service Provider or Property Management Company Name) Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_