

TBRA Statement of Homelessness or At-Risk of Homelessness

As an eligibility component of the TBRA program, Grantees are required to collect information on whether a potential applicant is experiencing homelessness or at-risk of homelessness by completing this form.

TBRA Program Applicant Name: _____

Homelessness Situations

TBRA program applicant is currently experiencing homelessness: ☐ Yes ☐ No

If yes, please select one of the following situations:

- ☐ I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).
- ☐ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.
- ☐ I [and my children] am/are considered homeless under other federal statutes.
- ☐ I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

At-Risk of Homelessness Situations

TBRA program applicant is currently experiencing homelessness: ☐ Yes ☐ No

If yes, please select one of the following situations:

- ☐ I [and my children, if applicable] do not have sufficient resources or support networks immediately available to prevent homelessness.
- ☐ I [and my children] have moved multiple times and/or living in the home of another due to economic hardship.
- ☐ I [and my children] have been notified that the right to occupy our current housing or living situation will be terminated within 21 days after the date of application for assistance.
- ☐ I [and my children] am/are living in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals and will no longer be able to continue to pay it.
- ☐ I [and my children] do not qualify as homeless under the homelessness situations listed above but qualify under the McKinney-Vento Homeless Assistance Act or other federal statutes.

Attestation

I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without assistance. I certify that the information above and any other information I have provided in applying for the TBRA program is true, accurate and complete.

TBRA Program Applicant Signature: _____ Date: _____