Verification of Homelessness



Please see WIBOS "Documentation of Homelessness Eligibility and Recordkeeping Requirements" for instructions to complete this form. https://www.wiboscoc.org/boscoc-forms-standards-and-policies.html

Category 1 Homeless: Literally Homeless Please indicate homeless status night prior: verify that I lack financial resources and /or support network to secure housing on my own. Please INITIAL any/all applicable items that apply to your current situation I am currently staying at an Emergency Shelter. Name of Shelter Date Entered: Date Exited: I am being discharged within a week from an institution such as a mental health or substance abuse treatment facility or jail/prison. I have been residing in the institution for less than 90 days and immediately prior, I was at an emergency shelter, motel paid by an agency, or place not meant for human habitation. Name facility _____ Date Entered: _____ Date Exited: _____ Please indicate where you were the night before entering facility: Last night I spent the night in a place not meant for human habitation (signed statement must be provided). ___ Abandoned Building ___ Park Streets / sidewalk
Other: (please describe) ___ Car I spent last night in a hotel/motel paid for by a charitable organization or a government funded program. Name of charitable organization or government program: Category 4 Homeless: Fleeing or attempting to flee a domestic violence, dating violence, sexual assault, stalking or human trafficking. I am fleeing a domestic violence situation and have no other residence and lack the resources or support networks to obtain other permanent housing. Are you working with a DV advocate (name and number) **Category 2 Homeless: For Shelters and Homeless Prevention Programs ONLY** I am being evicted from my place of residence and asked to leave within 14 days, no other residences have been identified and lack the resources / support networks to obtain permanent housing. (Eviction notice must be attached). Address: Landlord Eviction Notice Date: X I am staying with friends or family and being asked to leave within 14 days (signed statement must be provided). Address: 154 S. Park Lane Wisconsin Rapids, WI 54495 Owner/Renter Edith Lopez Notice Date June 15, 2022 Last night I spent the night in a hotel/motel (a receipt or statement must be provided). Paid for by myself but lack financial means to continue to pay Paid for by another individual (family member or friend) who can no longer help pay

Verification of Homelessness



Applicant's Statement of Housing Situation: What are the reasons you currently lack the financial resources and/or support network to secure housing without assistance?

Recently divorced and cannot pay for rent and after-school care for two children.	
- Necessity divorced and cannot pay 101 fem and arter sensor c	are for two emidien.
I agree that statements provided are accurate to the best of m	ny knowledge.
Applicant Signature: Amelia Lopez	Date: <u>06/22/2022</u>
For staff to fill out:	
accompany this form. Check all that apply. $\hfill\Box$ Third-party Documentation (HUD preferred form of documentation)	btained and MUST fill out due diligence section on this form)
	ation must be recorded, including the outcome of the efforts and party verification, the Applicant's current living situation, and why coessful.
Amelia had mentioned that she attends church on a weekly b	
situation. He was willing to provide a letter on behalf of Am	elia to help her in her situation.
	assistance and evident by my due diligence, I believe everything
stated above is true and correct. Staff Signature: <u>Bunny Homes</u>	Date: 06/22/2022
Staff Supervisor Signature: <u>Louis Case</u>	Date: <u>06/22/2022</u>