

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:

I, _____ 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 | ___ Car |
| ___ Other: (please describe) _____ | |

___ 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: _____

___ I am staying with friends or family and being asked to leave within 14 days (signed statement must be provided).

Address: _____

Owner/Renter _____

Notice Date _____

___ 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

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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?

I agree that statements provided are accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

For staff to fill out:

Documentation of Homelessness

Please indicate which documentation was obtained. All supporting letters and additional documents for verification must accompany this form. Check all that apply.

- Third-party Documentation (HUD preferred form of documentation)
- Intake Worker Documentation (If third-party cannot be obtained and **MUST** fill out due diligence section on this form)
- Self-Certification (**MUST** have WIBOS Self-Certification form and due diligence filled out)

Documentation of Due Diligence

A **detailed** description of efforts to obtain third-party verification must be recorded, including the outcome of the efforts and obstacles. Users should document all efforts to collect third-party verification, the Applicant's current living situation, and why the attempts to collect third-party documentation were unsuccessful.

Based on the information provided by the client (s) seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

Staff Signature: _____ Date: _____

Staff Supervisor Signature: _____ Date: _____