

2.0 NC ESG VERIFICATION OF HOMELESS STATUS

Client Name: _____ HMIS/DV#: _____ Agency: _____

How to complete this form and supporting documentation:

- Complete page 1 and 2 of this document by indicating category of homelessness and activity.
- Attach one of the following:
 - Written third party documentation (preferred by HUD)
 - Oral 3rd party (attach statement confirming oral conversation directly to this form if unable to obtain written third party documentation)
 - Intake Staff Observations for street outreach (attach statement confirming observations directly to this form)
 - Completed Self-Certification form by the participant – pages 4 and 5 of this document (**only if unable to obtain third party documentation**)

CRITERIA FOR DEFINING HOMELESSNESS (Place an "X" In the correct ESG activity)

Category 1 – Literally Homeless <input type="checkbox"/> Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing	Individual or family who lacks, regular and adequate nighttime residence, meaning: <ul style="list-style-type: none"> • Primary nighttime residence is public or private and not meant for human habitation (<u>eligible for street outreach, shelter, RRH</u>). • Is living in a public or privately- operated shelter (congregate shelters, transitional housing and hotels and motels are paid for by charitable organizations or federal, state and local government (<u>shelter and RRH only; does not meet street outreach eligibility</u>)). • Is exiting an institution where(s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (<u>shelter and RRH only; does not meet street outreach eligibility</u>).
Category 2 – At Imminent Risk or at risk of Homelessness <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention	Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; <u>and</u> • No subsequent residence has been identified; <u>and</u> • The individual or family lacks the resources or support networks needed to obtain other permanent housing
Category 3 – Youth or Families with Children <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> • Are defined homeless under the listed federal statutes; • Have no lease, ownership interest or occupancy agreement in permanent housing for 60 days prior to the homeless assistance application; • Have experience persistent instability as measured by two (2) moves or more during in the preceding 60 days; <u>and</u> • Can be expected to continue such status for an extended period due to special needs and barriers.
Category 4 – Fleeing or Attempting to Flee Domestic Violence <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homeless Prevention	Any individual or family who: <ul style="list-style-type: none"> • Is fleeing, or is attempting to flee domestic violence; sexual assault, stalking, or human trafficking; • Experienced attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior • Experienced verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior • Has no other residence; <u>and</u> • Lacks the resources or support networks to obtain other permanent housing.
At Risk of Homelessness <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homeless Prevention	<ul style="list-style-type: none"> • Individual or family with annual income below 30% AMI; <u>and</u> • The individual or family lacks the resources or support networks needed to obtain other permanent housing; and meets one of the following: <ul style="list-style-type: none"> • Has moved because of economic reasons 2 or more times during the past 60 days • Is living in the home of another because of economic hardship • Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 day after date of application for assistance.

	<ul style="list-style-type: none"> • Lives in a hotel or motel, cost NOT paid for by charity or other assistance • Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau • Is exiting a publicly funded institution • Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the consolidated plan
Ineligible Client <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Homeless Prevention	Any individual or family who: Does not meet the criteria set forth in Category 1 – 4 for defining homelessness or the At Risk of Homelessness definition

I Certify that the household lacks the financial resources and support necessary to obtain permanent housing: ☐ Yes: ☐ No
 Verified by: _____ Date: _____

ESG RECORDKEEPING REQUIREMENTS				
Category 1	Category 2	Category 3	Category 4	At Risk of Homelessness
Literally Homeless <ul style="list-style-type: none"> Written observation by outreach worker; or Written referral by another housing or service provider; or Self-Certification by individual or head of household stating that (s) he was living on the street or in shelter; (complete required form included below) Individuals exiting an institution – one of the forms of evidence above and: <ol style="list-style-type: none"> Discharge paperwork or written/oral referral, or Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution. 	Losing Residence <p>Imminent Risk:</p> <ul style="list-style-type: none"> Court order from an eviction; or Hotel and motel exit-evidence that they lack the financial resources; or Documented and verified oral statement; and Certification that no subsequent residence has been identified; and Self-certification or other written documentation that household lack the financial resources and support necessary to obtain permanent housing (PH). (complete required form included below) (Use as a last resort) 	Homeless under other Federal Statutes <ul style="list-style-type: none"> Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another federal statute; and Certification of no PH in last 60 days; and Self-Certification by the head of household and any available supporting documentation, that (s) he has moved two (2) or more times in the past 60 days; (complete required form included below) and Documentation of special needs or 2 or more barriers. 	Fleeing/Attempting to Flee DV <p>For victim service providers:</p> <ul style="list-style-type: none"> Oral statement by individual or head of household which states; they are fleeing; they have no other subsequent residence and lack resources. (Statement must be documented by self-certification or intake worker). <p>For non-victim service providers:</p> <ul style="list-style-type: none"> Oral statement by individual or head of household seeking assistance (documented by self-certification (complete required form included below) or intake worker). The family safety must not be jeopardized. Certification by head of household that no subsequent residence has been identified; and Self-Certification or other written documentation, the household lacks financial resources and support networks to obtain other permanent housing. (Use as a last resort) (complete required form included below) 	At Risk of Homelessness <ul style="list-style-type: none"> Evidence that they lack financial resources Documentation of #/dates of moves 21-day notice Documentation of housing (hotel/motel, institution, SRO, etc) Documentation of characteristics associated with housing instability and increased risk of homelessness

NC ESG SELF-CERTIFICATION OF HOMELESS STATUS FORM

Note: Self-Certification should be used as last resort if third party documentation is not obtainable.

Check one:

- ☐ I am a household **without** dependent children (complete one form for each adult in the household)
- ☐ I am a household **with** dependent children (complete one form for the household)
- Number of persons in the household: _____

This is to certify that the above-named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

CATEGORY 1

Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:

- ☐ My Primary nighttime residence is a public or private place not meant for human habitation;
- ☐ I [and my children] are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- ☐ I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

CATEGORY 2

I am an individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- ☐ My residence will be lost within 14 days of the date of this notice; and
- ☐ No subsequent residence has been identified; and
- ☐ I (and my children) lack the resources or support networks needed to obtain permanent housing

CATEGORY 3

I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- ☐ I am defined as homeless under another federal statute;
- ☐ I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- ☐ I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined follows: _____
- _____
- _____

CATEGORY 4

☐ I am an individual or family that:

- Is fleeing, or is attempting to flee domestic violence; sexual assault, stalking, or human trafficking;
- Experienced attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior
- Experienced verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior
- Have no other residence; and
- Lack the resources or support networks to obtain other permanent housing

At Risk of Homelessness

☐ I am an individual or family:

- With an annual income below 30% AMI; and
- Who lacks the resources or support networks needed to obtain other permanent housing; and
- Meets at least one of the other criteria set forth in the definition of At Risk of Homelessness

I certify that the information above I have provided in applying for ESG assistance is true, accurate and complete.

ESG Client Signature: _____ **Date:** _____

For official use only:

Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual/household who is applying for ESG assistance. I understand self-certification is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt(s) made for third-party verification (for street outreach, rapid rehousing, and homelessness prevention; not required for emergency shelter):

Date	Type of Attempt (oral, written, email etc.)	Agency, person, entity contacted	Outcome

Staff Signature: _____ **Date:** _____