**ESG FORM 2: At Risk of Homelessness Certification**

|  |  |  |
| --- | --- | --- |
| **Client Name:** |       | **Date:**       |
| **Staff Name:** |       |

**This is to certify the above individual or household is currently at risk of homelessness based on the category checked and required documentation.**

*Check only one Category and complete only that section*

**CATEGORY 1: An individual or famil**y: *(must have income 30% below AMI, lack sufficient resources & meets 1 of the following risk factors)*

[ ]  Has an annual income below 30% of AMI (must have documentation of income eligibility; *AND*

[ ]  Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self-Certification Form No. 5) supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears.

*AND meets 1 of the following risk factors with acceptable documentation:*

[ ]  **Risk 1**: Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance (must document the following 2 criteria):

[ ]  Housing history must demonstrate 2 or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (*intake observation not appropriate*); and

[ ]  Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (*intake observation not appropriate*).

[ ]  **Risk 2:** Living in the home of another person/individual because of economic hardship (*must document the following two criteria):*

[ ]  Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (*intake observation may be appropriate*); *AND*

[ ]  Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (*intake observation not appropriate*).

[ ]  **Risk 3**: Housing loss within 21 days – has been notified of their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days *must be written and only third party source/written is appropriate**(must document 1 of the following criteria):*

 [ ]  If tenant/homeowner: eviction notice, court order to leave within 21 days; *or*

 [ ]  If living with another (doubled up): eviction letter from tenant/homeowner.

[ ]  **Risk 4**: Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals *(must document the following 2 criteria):*

[ ]  Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; *AND*

[ ]  Costs have not been covered by charitable organization or government program: documentation – cancelled check.

**HUD’s Definition of At Risk of Homelessness Certification, *Continued***

**Category 1: An individual or family *(continued)***

[ ]  **Risk 5**: Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room *(must document the following):*

[ ]  Number of rooms in unit *AND* number of individuals living in unit: documentation may include lease, unit details from Tax Assessor’s Office, intake observation.

[ ]  **Risk 6**: Exiting publicly funded institution or system of care *(must document the following):*

[ ]  Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

 [ ]  **Risk 7**: Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community. *(Documentation must include):*

[ ]  Self-certification (Form No. 5) or other written documentation describing the circumstances and that the individual or family lacks financial resources and support networks to obtain other permanent housing.

**CATEGORY 2: Unaccompanied Children and Youth**

[ ]  A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute *(must document the following):*

[ ]  Verification of Homeless Status must be provided by agency administering applicable Federal program: *documentation must be Third Party – Written ONLY;* Certification of homeless status (letter or standardized form).

**CATEGORY 3: Families with Children and Youth**

[ ]  An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her *(must document the following).*

[ ]  *Third Party – Written ONLY*; must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program *AND* must confirm family/guardian is residing with children/youth.

Intake Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_