

At Risk of Homelessness Certification Form

This document is used to certify that the below individual or household meets the definition of imminent risk or at risk of homeless as detailed in [24 CFR 578.3](#). The individual or household must checkmark the criteria that matches their circumstances, include additional relevant information, and sign to indicate their current living situation.

Note: This at-risk certification is valid for 30 days from the date it is signed, or when a new at-risk episode presents itself

Household Information

Head of Household Name: _____ DOB: _____

Household Size: _____ Number of Adults: _____ Number of Minors: _____

Street Address: _____ Unit/Apt #: _____

City: _____ Zip Code: _____

Check one box from the categories below

Imminent Risk of Homelessness:

An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance; **and**
2. No subsequent residence has been identified; **and**
3. The individual or family lacks the resources or support networks, (e.g., family, friends, faith-based or other social networks), needed to obtain other permanent housing.

Note: This includes individuals and families who are within 14 days of losing housing in which they own, rent, are sharing with others, or are living in without paying rent.

At Risk of Homelessness:

An individual or family who:

1. Has an annual income below 30 percent of median family income for the area, as determined by HUD; **and**
2. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in 24 CFR 578.3 ; **and**
3. Meets one of the following conditions:
 - a. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - b. Is living in the home of another because of economic hardship;
 - c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

- e. 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 people per room, as defined by the U.S. Census Bureau;
- f. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); **or**
- g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Verification:

Check one of the following boxes below to indicate the Third-Party documentation that has been attached as verification of imminent risk or at-risk status.

<input type="checkbox"/>	An Unlawful Detainer (“Eviction”) notice . An Unlawful Detainer is a formal eviction action that has been filed in the justice court.
<input type="checkbox"/>	A Termination of Tenancy Notice which date falls within 21 days or 14 days to exit property; or 3- Day Notice to Pay or Quit Notice provided by a property owner/ property manager
<input type="checkbox"/>	A signed letter from motel or hotel , not paid for by a charity organization or a federal, state, or government, program stating that the household must vacate within 21 days ,or within 14 days
<input type="checkbox"/>	If DOUBLED UP, or COUCH SURFING, a signed letter provided by the lease holder/property homeowner indicating that the household must vacate within 21 days , or within 14 days ; (Doubled up refers to a person/household living with another person in a home due to economic hardship)
<input type="checkbox"/>	Documentation to demonstrate risk of housing loss such as: letter of termination from employer, unemployment benefits, loss of wages, unexpected medical cost, unexpected loss of contributing household member (death, divorce, separation, etc.)

Attestation - Head of Household:

To be completed, signed, and dated by the Head of Household.

I, _____ certify that, to the best of my knowledge and belief, all the information above and any other information I have provided is true, accurate, and complete.

Head of Household Printed Name

Head of Household Signature

Date

