I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that I lack financial resources and /or support network to secure housing on my own.

To qualify, all of the following categories must be occurring in the household.

1. I am a:\_\_\_\_\_ unaccompanied youth under the age of 25 yrs. **OR** \_\_\_\_\_ family with children.
2. I meet the homeless definition under: section 387 of the Runaway & Homeless Youth Act; section 637 of the Head Start Act; section 14043 of the Violence Against Women Act of 1994; section 330(h) of the Public Health Service Act; section 3 of the Food and Nutrition Act of 2008; section 17(b) of the Child Nutrition Act of 1966; or section 725 of the McKinney-Vento Homeless Assistance act.

A signed statement must be provided from one of these programs or verified by admitting program.

1. I have not had a lease or rental agreement for permanent housing in the past 60 days. (referral from other housing program or statement from individual)
2. I have moved at least 2 times in the past 60 days. (statement from individual or 3rd party verifying moves)
3. I will continue to experience instability with housing because of the following barriers:
4. Chronic disabilities
	1. Chronic physical or mental health conditions
	2. Substance addiction
	3. History of domestic violence or childhood abuse / neglect
	4. A child with a disability

**OR**

1. Have two or more of the following employment barriers:
	1. Lack of high school degree or GED
	2. Illiteracy
	3. Low English proficiency
	4. History of incarceration
	5. History of unstable housing

(Can be documented with medical diagnosis by a professional, employment records, Department of Corrections, Literacy or English test scores, Domestic Violence advocate statement, Treatment facility statement, etc.)

\*Documentation of individual place of residence, length of stay, income and inability to obtain housing may be required. This form does not guarantee eligibility for services or programs.

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_