

# Homelessness Certification (Form A)

Client(s) Name(s): \_\_\_\_\_

Household without dependent children     Household with dependent children    Number in the household: \_\_\_\_\_

**This form is to certify that the above-named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. By signing this form, you are certifying this information to be true. Check only one box and complete only that section.**

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### Living Situation: Place not meant for human habitation

The person(s) named above was/were living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus station, airport, or camp ground on the date(s) below.

**Description of living situation (please provide the location and detailed description of living conditions):**

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

Homeless Street Outreach/Referral Program Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Authorized Agency Representative Name: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Living Situation: Emergency Shelter

The person(s) named above was/were living in a supervised publicly or privately operated shelter on the date(s) below:

Emergency Shelter Program Name: \_\_\_\_\_

Date(s) of Night(s) in the Shelter: \_\_\_\_\_

Authorized Agency Representative Name: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: \_\_\_\_\_

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter    OR     a place unfit for human habitation    OR     \_\_\_\_\_

Authorized Agency Representative Name: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_