An applicant must be chronically homeless according to the definition used by the U.S. Department of Housing and Urban Development (HUD) in order to be considered for this housing program. To be considered chronically homeless, the Head of Household (HOH) must meet at least one of the specific elements of each of the following criteria:

1. Housing Status
   a. Currently homeless and has been continuously homeless for one year or longer
   b. Currently homeless and has experienced four or more occasions of homelessness, totaling 12 months or more, in the past three years
   c. Has been residing in an institutional care facility for fewer than 90 days and his/her housing status was either a. or b. before entering that facility

2. Disability
   a. Developmental Disability
   b. HIV or AIDS
   c. Physical, mental, or emotional impairment that meets all of the following criteria:
      i. Is expected to be of long-continuing or indefinite duration, and
      ii. Impedes the individual’s ability to live independently, and
      iii. Is such that the ability to live independently could be improved with more suitable housing

To confirm program eligibility, please complete this form in its entirety.

Disability
Does the HOH have a disability, as defined above?

☐ Yes ☐ No (STOP, household not eligible for this program)

If Yes, please indicate the type of verification documentation that is attached to this form:
☐ Written verification from a professional licensed by the state to diagnose and treat the disability documented
☐ Written verification from the Social Security Administration
☐ Receipt of a disability check
☐ Intake staff documented observation of a disability that is confirmed and accompanied by one of the above forms of evidence no later than 45 days of the start of assistance

STAFF: What is the unique number* assigned to the verification of disability documentation? # __________

Long-Term Homelessness
Is the HOH currently homeless, staying on the streets or in a shelter?

☐ Yes ☐ No (STOP, household not eligible for this program)

Has the HOH been continuously homeless on the streets or in shelters for 1 year or longer?

☐ Yes (continue with the timeline on the next page) ☐ No (ask the next question)

Has the HOH experienced 4 or more occasions of streets/shelters homelessness totaling 12+ months in the past 3 years?

☐ Yes (continue with the timeline on the next page) ☐ No (STOP, household not eligible for this program)
**Timeline of Housing Situation**

**Instructions:** In the table below, chart the HOH’s housing situation for one year or three years, depending on the category by which s/he is being qualified. Attach sufficient documentation (numbered, as described below*) for each change in housing situation. Print additional copies of this page as necessary. Each additional page used should be signed. Up to 3 months can be documented through self-certification.

The HOH is eligible because s/he has experienced (check one):

- [x] Continuous homelessness on the streets or in shelters for 1 year or longer (document at least the past 1 year)
- [ ] 4 or more occasions of homelessness totaling 12+ months on the streets or in shelters in the past 3 years (document the past 3 years)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Housing Situation (check one per row)</th>
<th>Location</th>
<th>#, if Occasion</th>
<th>Duration, if Occasion or Break</th>
<th>Check &amp; list # if Documentation is Attached</th>
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<tbody>
<tr>
<td>From (Date)</td>
<td>Until (Date)</td>
<td>Streets</td>
<td>Shelter</td>
<td>Housed /Break</td>
<td>Other</td>
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</table>

*Give each attached document a unique number by writing the number in the top right corner of the document. Then write the document’s number in the far right column for each row for which that document provides verification of the housing situation.*

**Certifications**

I, the Head of Household named below, certify that the timeline documented above is accurate to the best of my recollection.

Head of Household Name (printed): __________________________________________ Signature: ________________________________ Date: ____________

I, the Staff named below, certify that the timeline documented above is accurate as the named Head of Household described it during the interview(s) conducted on the following date(s): ___________________________________________________________________________________

Staff Name (printed): __________________________________________ Signature: _____________________________________ Date: ________________
**NOTES TO STAFF:**

- You do not need to print this page. This is for your reference.
- A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.
- If 9 months of homelessness cannot be obtained by third-party documentation, self-certification is required and:
  - You must thoroughly document attempts to obtain 3rd party documentation and why 3rd party documentation was not obtained; and
  - This is limited to rare/extreme cases, and no more than 25% of households served in an operating year.

### STREETS OR OTHER PLACE NOT MEANT FOR HUMAN HABITATION

- **Written Third Party** (one or more of the following):
  - HMIS record of homeless street outreach contacts
  - Homelessness Certification form
  - Signed letter on letterhead from a homeless street outreach provider or referral source

OR

- **Self-Declaration** *(both of the following)*:
  - Self-Declaration of Homelessness form **AND**
  - Written explanation by staff of attempts to secure third party verification

### EMERGENCY SHELTER or SAFE HAVEN

- **Written Third Party** (one or more of the following):
  - HMIS record of shelter stay
  - Homelessness Certification form
  - Signed letter on letterhead from an emergency shelter provider

OR

- **Self-Declaration** *(both of the following)*:
  - Self-Declaration of Homelessness form **AND**
  - Written explanation by staff of attempts to secure third party verification

### HOSPITAL OR OTHER INSTITUTION

If the client’s stay was less than 90 days or less and was in shelter or on the streets prior to admission, this is part of the occasion of homelessness. If the client’s stay 90 days or more, this is a break.

- **Written Third Party:**
  - Letter or discharge paperwork from hospital or other institution, including admission and discharge dates, or
  - Oral referral documented by the intake worker, including admission and discharge dates **AND**, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client’s housing status immediately prior to the stay in the institution:

OR

- **Self-Declaration** *(both of the following)*:
  - Self-Declaration of Homelessness form **AND**
  - Written explanation by staff of attempts to secure third party verification

### HOUSED

- **Written Third Party** (one or more of the following):
  - Copy of the lease in the Head of Household’s name
  - Letter from the landlord or property owner
  - Letter from the lease holder
  - Other written, third-party documentation

OR

- **Self-Declaration – can be 100%** *(both of the following)*:
  - Self-Declaration of Homelessness form **AND**
  - Written explanation by staff of attempts to secure third party verification