



# **Homeless Eligibility Documentation**

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**CoC RRH & TH/RRH**

# Agenda

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- HUD Documentation Order of Preference
- HUD Documentation Standards
- CoC Provided Forms
- Forms & Instructions Overview
- Questions?



## Keep in Mind...

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- This guidance is specific to CoC funded RRH and TH/RRH program eligibility.
- “Intake workers” include housing program staff, case managers, outreach, etc.
- Intake workers are responsible for documenting a potential program participant’s homeless status.
- Intake workers are expected to understand homeless eligibility and exercise professional judgement to document accordingly.
- Safety of individuals should be the top priority.

## HUD Homeless Documentation Order of Preference

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1. Third-party documentation
  - a. Third-party source
  - b. Third-party written
  - c. Third-party oral
2. Intake worker observations
3. Applicant self-certification with documentation of due diligence

## Documentation Standards

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HUD has established documentation standards to ensure consistent, accurate documentation across different program participants and circumstances.

The following general standards apply to all documentation types:

1. Identify the entity or party providing the verification.
2. Identify the individual or family needing assistance.
3. Provide sufficient detail regarding the specific condition or criterion being documented.

## CoC Provided Homeless Eligibility Documentation Forms

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- Homeless Verification
- Third-Party Homelessness Verification
- Staff Observation Verification
- Self-Certification of Homelessness (Part 1)
- Self-Certification of Homelessness: Documentation of Due Diligence (Part 2)

## Which Forms Do I Use?

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- Homeless Verification form **-AND-**
  - Third-Party Homelessness Verification form **-OR-**
  - Staff Observation Verification form **-OR-**
  - Self-Certification of Homelessness **-AND-** Documentation of Due Diligence forms
- Attach the appropriate supporting documentation, if applicable.

HMIS ID# \_\_\_\_\_

**Homeless Verification**  
**RRH & TH/RRH Homeless Eligibility: (Check one)**

**HUD Category 1 - Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:**

- Has a primary nighttime residence that is a public or private place not meant for human habitation (e.g., cars, park, abandoned buildings, shelter without plumbing or electric, bus station, camping ground, streets); OR
- Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs for low-income individuals); OR
- Is exiting an institution where person has resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**HUD Category 2 – Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence, provided that:**

- Residence will be lost within 14 days of the date of application for homeless assistance; AND No subsequent residence has been identified; AND The individual or family lacks the resources or support networks needed to obtain other permanent housing.

**HUD Category 4 - Fleeing or Attempting to Flee Domestic Violence: Any individual or family who:**

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; AND Has no other residence; AND Lacks the resources or support networks to obtain other permanent housing.

- None of the above apply to this applicant.  This applicant is not eligible for CoC RRH or TH/RRH.

<b>Applicant Name</b>	<b>Applicant Signature</b>	<b>Date</b>
<b>Staff Name &amp; Agency</b>	<b>Staff Signature</b>	<b>Date</b>

**Staff Instructions:** All Homeless Verifications must be supported with documentation.

Check the method for which you will be attaching supporting documentation of homelessness:

\_\_\_\_\_ Third-Party Verification (source, written, or oral) -OR-

\_\_\_\_\_ Staff Observation, -OR-

\_\_\_\_\_ Self-Certification -AND- Documentation of Due Diligence (as documentation of last resort).



1. Complete the Homeless Verification with ALL potential program participants.

If eligible...

2. Talk with the person re: verification

3. Identify the most appropriate verification method & related supporting documentation needs



## Third-Party Verification

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Requires Completed Homeless Verification form PLUS  
Completed Third-Party Verification Form and Supporting Documentation (if applicable)

**1. Third-party Source**

*Supporting Documentation Examples:* pre-existing records, including printouts from an HMIS shelter-stay or outreach contact, hospital discharge paperwork.

**2. Third-party Written**

*Supporting Documentation Examples:* written referrals from other housing or service providers, law enforcement, healthcare professional, educator, or written observations from a shopkeeper on whose storefront a person has been sleeping.

**3. Third-party Oral**

*Complete Form Accordingly:* provided over the phone or in person directly to intake staff by a reliable third-party.

HMIS ID# \_\_\_\_\_

### Third-Party Verification

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Staff Instructions:** This form must be used with all third-party methods of verifying homelessness.

Examples of third-party verifiers include street outreach workers, shelter providers, business owners, law enforcement, healthcare professionals, educators, service providers, or anyone who has personally witnessed the applicant's homelessness. It is the sole obligation of the intake staff and accepting project to determine if a third-party source is reliable.

This applicant has applied to receive the services of a HUD Continuum of Care (CoC) program serving persons experiencing homelessness. To qualify, the person must be determined to be experiencing homelessness as defined by the U.S. Department of Housing and Urban Development. This information will be used for the purpose of determining the homeless status of the above-named person.

**Third-Party or Staff Complete Below:**

Third-Party Name:	Date:
Relationship to Applicant:	
Contact Information:	
<input type="checkbox"/> Agency staff has completed this form based on HMIS records (must attach)	
<input type="checkbox"/> Agency staff has completed this form based on a written letter from a third party (must attach)	
<input type="checkbox"/> Agency staff has completed this form on behalf of a reliable third party (i.e., oral verification)	

WHERE you witnessed the Applicant to be homeless [specific location]:

WHEN you witnessed the Applicant to be homeless [MM/DD/YYYY] to [MM/DD/YYYY]:

By signing below, I certify that the above statements are true and complete:

Third-party Name	Third-party Signature	Date

-OR-

Staff Name & Agency	Staff Signature	Date



- Third-party Verification form is used for ALL third-party methods.
- Identify the most appropriate third-party verification method & related supporting documentation to attach, if applicable.
- Third-party OR staff signs as true and complete.

## Staff Observation Verification

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Requires Completed Homeless Verification form PLUS  
Completed Staff Observation Verification Form

Use whenever homelessness is being verified based on the first-hand observation and professional judgment of the staff member completing the applicant's intake.



HMIS ID# \_\_\_\_\_

### Staff Observation Verification

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Staff Instructions:** This form should be used whenever homelessness is being verified based on the first-hand observation and professional judgment of the staff member completing the applicant's intake.

This applicant has applied to receive the services of a HUD Continuum of Care (CoC) program serving persons experiencing homelessness. To qualify, the person must be determined to be experiencing homelessness as defined by the U.S. Department of Housing and Urban Development. This information will be used for the purpose of determining the homeless status of the above-named person.

**STAFF TO COMPLETE BELOW:**

Staff Name:	Date:
Agency:	
Contact Information:	
<input type="checkbox"/> Staff named above has completed this form based on the staff member's own observation.	

WHERE you witnessed the Applicant to be homeless [specific location]:

WHEN you witnessed the Applicant to be homeless [MM/DD/YYYY] to [MM/DD/YYYY]:

By signing below, I certify that the above statements are true and complete and that to the best of my knowledge and based on my professional judgment, the above applicant was experiencing homelessness at the time of intake:

Staff Name	Staff Signature	Date



- Staff completes form based on first-hand observation of homelessness.
- Staff signs and certifies as true and complete.

## Self-Certification and Documentation of Due Diligence

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Requires Completed Homeless Verification form PLUS  
Completed Self-Certification (Part 1) and Documentation of Due Diligence (Part 2) forms

- Intake staff must make conscientious and reasonable efforts (due diligence) to obtain third-party documentation *whenever possible*.
- However, an intake worker must never contact someone for third-party documentation if the individual or family believes that their health or safety will be jeopardized by contacting that person.
- As a documentation of last resort, individuals can always self-certify their (Category 1, 2, and/or 4) homeless status.

## Specific Requirements for Category 4/DV Self-Certification and Documentation of Due Diligence

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Requires Completed Homeless Verification form PLUS  
Completed Self-Certification (Part 1) and Documentation of Due Diligence (Part 2) Forms

- Self-certification is acceptable, but you must support it with third-party documentation if doing so does not jeopardize the applicant's health or safety.
- Intake worker must never contact someone for third-party documentation if the individual or family believes that their health or safety will be jeopardized by contacting that person.
- If obtaining third-party documentation would jeopardize the health or safety of the applicant (based on the applicant's self-report), obtain a Self-Certification of Homelessness and check the appropriate box (indicating a safety risk) on the Documentation of Due Diligence form.
- Documentation need only include the minimum amount of information necessary to document homeless status.

HMIS ID# \_\_\_\_\_

### Self-Certification of Homelessness (Part 1 of 2)

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Applicant initials which category they fall under:

- I am living in a place not meant for human habitation OR in an emergency shelter. \_\_\_\_\_ *initial*
- I exited a public institution in which I resided for fewer than 90 days and was homeless prior to entering the institution. \_\_\_\_\_ *initial*
- I cannot continue to stay at the place I have been AND no subsequent residence has been identified, AND I lack the financial resources to support and obtain permanent housing. \_\_\_\_\_ *initial*
- I am fleeing OR attempting to flee domestic violence AND no subsequent residence has been identified, AND I lack the financial resources to support and obtain permanent housing. \_\_\_\_\_ *initial*

Applicant initials:

- I experienced homelessness (in the category certified above) for at least one night during the seven nights prior to the Date Completed (above). \_\_\_\_\_ *initial*

[OPTIONAL] Applicant statement of location and period of homelessness:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that the information presented in this certification is true and complete to the best of my knowledge. I understand that false or misleading information may result in the termination of housing services.

Applicant Name	Applicant Signature	Date
Staff Name & Agency (Witness)	Staff Signature	Date

← Applicant Signs

← AND Staff Signs

WARNING: Misrepresentation of facts to wrongfully obtain program funds is a serious offense that can result in criminal charges. This includes fraudulent requests for funds, representing yourself to be someone you are not, cashing fraudulently obtained checks, etc. Perpetrators of fraud will be prohibited from accessing assistance in the future and may be forced to repay the funds as well as face legal action.

→ Staff Signs

HMIS ID# \_\_\_\_\_

### Self-Certification of Homelessness (Part 2 of 2) Documentation of Due Diligence

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Staff Instructions:** This form must be completed whenever self-certification of homelessness is being used for verification of homelessness. Document all efforts to collect third-party verification below.

Third-Party Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of 1<sup>st</sup> Contact Attempt: \_\_\_\_\_

Method of Contact(s):  In Person  e-mail  Telephone  Other \_\_\_\_\_

Describe the attempt to obtain third-party verification and why it was unsuccessful below:

\_\_\_\_\_

Date of 2nd Contact Attempt: \_\_\_\_\_

Method of Contact(s):  In Person  e-mail  Telephone  Other \_\_\_\_\_

Describe the attempt to obtain third-party verification and why it was unsuccessful below:

\_\_\_\_\_

-OR-

Obtaining third-party documentation will jeopardize the health or safety of the applicant.

I understand that third-party verification is the preferred method of certifying homelessness for an individual applying for assistance, and that self-certification is only permitted when I have attempted but cannot obtain or safely obtain third-party verification.

Staff Name & Agency	Staff Signature	Date

## Key Takeaways



- ✓ HUD prefers homelessness documentation in the following order:
  1. Third-party documentation
    - a. Third-party source
    - b. Third-party written
    - c. Third-party oral
  2. Intake worker observations
  3. Applicant self-certification with documentation of due diligence
- ✓ Intake workers are entrusted with the responsibility to appropriately document homelessness and obtain third-party verification whenever it can be obtained safely.
- ✓ Safety is a top priority!
- ✓ As a documentation of last resort, individuals can always self-certify their (Category 1, 2, and/or 4) homeless status.



# Thank you! Questions?

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