

TCHC CoC RRH & TH/RRH Homeless Eligibility Documentation Tool

Homeless verification is required for all RRH & TH/RRH projects. All applicants enrolled in CoC-funded RRH & TH/RRH projects should be literally homeless (Category 1), imminently losing their primary night-time residence (Category 2), or fleeing or attempting to flee domestic violence (Category 4).

Ensuring that your project is documenting eligibility for each program participant according to HUD record-keeping requirements and documentation standards is critical. Poor or insufficient eligibility documentation is a common monitoring finding and could require repayment of grant funds.

Eligibility varies under the CoC and ESG programs. This guidance is specific to CoC program eligibility.

CoC Provided Homeless Eligibility Documentation Forms:

- 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)

Homeless Documentation Order of Preference:

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

Keep in mind...

The safety of individuals should be the top priority. An intake worker should never contact somebody that the individual fears will put them at risk of harm, even if that person could verify details the individual is providing. Document the situation accurately and adequately by describing the circumstances, but do not put people in harm's way for the sake of third-party verification.

Individuals are not responsible for obtaining their own documentation. Instead, intake workers are responsible for documenting someone's homeless status using contact information provided by the person during the intake. If documentation cannot be obtained, intake workers should use the forms provided to obtain a self-certification from the person and document their due diligence in attempting to obtain the documentation.

Instructions:

- Complete the 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.
- Refer to Documentation Guidance for details regarding each of the allowable types of homeless verification documentation.

Documentation Guidance

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.

Third-Party Homelessness Documentation

Third-Party Documentation Order of Preference

1. Third-party source (e.g., pre-existing records, including printouts from HMIS shelter-stay or outreach contact, hospital discharge paperwork)
2. Third-party written (e.g., 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 (e.g., provided over the phone or in person directly to intake staff)

Example written letter (on agency letterhead) or email (from third-party organization email account):

March 1, 2024

To whom it may concern,

John Rogers is staying at an encampment behind the closed factory at 888 High Street. I have been providing outreach assistance to John since February 15, 2024.

Sincerely,
Mary Jones
Outreach Specialist
PATH Services, Inc.

Examples of acceptable third-party documentation include:

- An individual record of a stay in an emergency shelter, a safe haven, or from a street outreach contact from an HMIS, or comparable database used by victim service or legal service providers ([FAQ 2757](#));
- A written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living ([FAQ 2758](#));
- A written observation by a community member that has observed where the individual or head of household was living or is currently living ([FAQ 2759](#)); and
- A written referral by another housing or service provider ([FAQ 2760](#)).
- For guidance on the third-party recordkeeping requirements for participants exiting institutions, see [CoC FAQ 2762](#).
- A court order resulting from an eviction action notifying the individual or family that they must leave; or proof of inability to continue to pay for hotel or motel.

Staff Observation

Use the Staff Observation form to ensure that the three requirements that intake workers must document for this verification method are captured. These include conforming to the general documentation standards, identifying intake workers making observations, and ensuring that documents are signed, dated, and certified that the documentation is true and complete.

Self-Certification of Homelessness (Part 1)

In general, 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. Individuals can always self-certify their (Category 1, 2, and/or 4) homeless status.

All Self-Certification of Homelessness forms:

- Should be completed by the applicant. If that presents an undue burden, intake staff may assist with completion, using the applicant's own words.
- Must be signed by the applicant and intake staff as a witness.
- Must always be accompanied by a Documentation of Due Diligence form completed by the intake worker.

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

Whenever a Self-Certification of Homelessness is being used, intake workers must document and describe all efforts to obtain third-party verification, including the outcome of the efforts and obstacles.

Example attempt statement from the intake worker (on form):

“On the above date and times, I reached out to obtain verification for this applicant but have not received any return contact. Per agency policy, the program is moving forward with a self-certification of homelessness. Should X return contact, this form will be updated.”

Specific requirements for Category 4/DV (for non-victim service providers):

Self-certification signed by individual or head of household is acceptable, but you must support it with third-party documentation if doing so does not jeopardize the applicant's health or safety. Documentation need only include the minimum amount of information necessary to document homeless status.

If obtaining third-party documentation would jeopardize the health or safety of the applicant (based on the applicant's self-report), the intake worker should obtain a Self-Certification of Homelessness and check the appropriate box (indicating a safety risk) on the Documentation of Due Diligence form.

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.

Applicant Name	Applicant Signature	Date
Staff Name & Agency	Staff Signature	Date

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).

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

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

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

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.

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 1st 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.
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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