HSSP Verification of Household Eligibility

**Applies only to households receiving Flexible Funding.**

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| **Section 1** | **Client Identification** | Enter client name, date, and HMIS Client Identifier. |
| **Section 2 and Section 3** | **Housing Status Verification** | Check the appropriate box and include the documentation in the client file.  **For families, complete Section 2. For unaccompanied minors, complete Section 3.**  *Households entering emergency shelter are exempt from housing status requirements.* |
| **Section 4** | **Documentation of No Subsequent Residence and Insufficient Resources/Support Networks** | Describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified.  *Required for households, including unaccompanied minors, who are at imminent risk of homelessness/unstably housed.* |

**Homeless Student Stability Program**

**Verification of Household Eligibility**

**Section 1- Client Identification:**

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| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |

**Section 2 – Housing Status Verification for Families:**

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| **Situation** | | **Required Documentation** |
| **Homeless** | Unsheltered (place not meant for human habitation) | Third party verification, including outreach workers  **OR**  Self-declaration signed and dated by applicant stating what type of place they were staying the night before. |
| Residing in a temporary housing program | Letter signed and dated from the provider of the temporary housing.  **OR**  A telephone call to the provider of temporary housing that is documented, signed, and dated by the Homeless Housing Navigator making the call.  **OR**  Current HMIS record from homeless housing program, including dates of stay. |
| Exiting a system of care and previously homeless | Letter signed and dated by system of care representative. Letter must include: a statement verifying current stay of household member(s), and must indicate household member(s) have no available housing option after exiting and that household was homeless prior to entering the system of care |
| Fleeing domestic violence, sexual assault, stalking, etc. | Signed and dated self-declaration by applicant (complete Self-Declaration form). |
| **At Imminent Risk of Homelessness-Losing Housing Within 14 Days**  *(Completion of Section 4 is also required.)* | Staying with friends/family or hotel/motel | Letter signed and dated from the provider of the temporary residence. Letter must include:   1. Statement verifying the applicant’s current living situation, and 2. Date when the household must vacate the temporary housing.   **OR**  Copy of Certification of Payment Obligation/Potential Eviction for Friend/Family form.  **OR**  A telephone call to the provider of temporary housing that is documented, signed, and dated by the Homeless Housing Navigator making the call.  **OR**  Self-declaration signed and dated by applicant stating where they are residing. Self-declaration of housing status should be used very rarely and only when written third-party verification cannot be obtained. |
| Renting | Written and signed notice from the landlord that includes the date when the household must vacate within 14 days.  **AND**  Copy of lease naming household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit. |
| Exiting a system of care | Letter signed and dated by system of care representative. Letter must include:   1. Statement verifying current stay of household member(s), and 2. Indicate household member(s) have no available housing option after exiting. |

**Section 3 – Housing Status Verification for Unaccompanied Minors:**

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| **Situation** | | **Required Documentation** |
| **Homeless**  *OR*  **At Imminent Risk of Homelessness-Losing Housing Within 14 Days**  *OR*  **Unstably**  **Housed**  *(Completion of Section 4 is also required for households at imminent risk or unstably housed.)* | Unsheltered (place not meant for human habitation) | Third party verification, including outreach workers  **OR**  Self-declaration signed and dated by applicant stating what type of place they were staying the night before.  **OR**  A telephone call or conversation with the McKinney-Vento Homeless Liaison that is documented, signed, and dated by the Homeless Housing Navigator making the call. |
| Residing in a temporary housing program | Letter signed and dated from the provider of the temporary housing.  **OR**  A telephone call to the provider of temporary housing that is documented, signed, and dated by the Homeless Housing Navigator making the call.  **OR**  Current HMIS record from homeless housing program, including dates of stay.  **OR**  Self-declaration signed and dated by applicant stating what type of place they were staying the night before.  **OR**  A telephone call or conversation with the McKinney-Vento Homeless Liaison that is documented, signed, and dated by the Homeless Housing Navigator making the call. |
| Exiting a system of care | Letter signed and dated by system of care representative. Letter must include: a statement verifying current stay of household member(s), and must indicate household member(s) have no available housing option after exiting.  **OR**  Self-declaration signed and dated by applicant stating what type of place they were staying the night before.  **OR**  A telephone call or conversation with the McKinney-Vento Homeless Liaison that is documented, signed, and dated by the Homeless Housing Navigator making the call. |
| Fleeing domestic violence, sexual assault, stalking, etc. | Self-declaration signed and dated by applicant. |
| Staying with friends/family or hotel/motel | Letter signed and dated from the provider of the temporary residence. Letter must include:   1. Statement verifying the applicant’s current living situation   **OR**  A telephone call or conversation with the McKinney-Vento Homeless Liaison that is documented, signed, and dated by the Homeless Housing Navigator making the call.  **OR**  Self-declaration signed and dated by applicant stating where they are residing. |

**Section 4 – Documentation of No Subsequent Residence and Insufficient Resources/Support Networks** *(required for households at imminent risk of homelessness/unstably housed). This requirement is in addition to housing status documentation.*

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| Please describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified. |  |
| Client Signature |  |
| Homeless Housing Navigator Signature |  |
| Date |  |