

THIRD PARTY WRITTEN HOMELESS CERTIFICATION

This document must be used by housing and service providers (such as emergency shelters, institutional care facilities, etc. listed on the provided HIC list) to document the housing status of a homeless applicant for DCA ESG services along with a letter on the housing and service providers' stationery. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. **Complete EITHER Option 1 OR Option 2.**

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| ESG Applicant Name: | |
| <input type="checkbox"/> Individual without dependent children <input type="checkbox"/> Household with dependent children Number of persons in the household: _____ | |
| Option 1: Documentation of Stay at a Facility/Program | |
| Verification of Stay: | |
| I certify that the above-named individual(s) resided at our facility as follows: | |
| Entry Date: _____ Exit Date: _____ or <input type="checkbox"/> Currently staying at facility/program | |
| Facility or Program Type: | |
| This facility or homeless service program is classified as one of the following: | |
| <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days) <input type="checkbox"/> Other (describe): _____ _____ | |
| <i>Certifying emergency shelters must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).</i> | |
| Option 2: Documentation of Unsheltered Living Situation | |
| I certify that the above named individual(s) is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g. a car, park, abandoned building, bus station, airport, or campground). | |
| Description of current living situation: _____ _____ _____ | |
| <i>The certifying agency must be recognized by the local (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)</i> | |

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| Verifying Agency/Person | |
| I certify that the information documented above is true and accurate. | |
| Printed Name: | Signature: |
| Date: | Title: |
| Organization: | Address: |
| Phone: | Email Address: |