

## AT-RISK OF HOMELESSNESS CERTIFICATION

This is to certify that the above named individual or household is currently at risk for homelessness based on the information provided below and signature indicating their current housing status. If the applicant is being verified as Category 2 or Category 4 homeless, use the DCA Verification of Homelessness for Prevention instead.

**THIRD PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS, [(B) and (C) below], MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT-RISK STATUS.**

### ESG Applicant Name:

Address from which applicant is being evicted:

- Individual without dependent children (complete one form for each adult household member)
- Household with dependent children (complete one form for each adult household member)
- Number of persons in the household: \_\_\_\_\_

### Living Situation and Risk Factors

The person/household named above is currently living in housing from which he/she/they is/are being evicted. ESG assistance provided will not overlap with other federal funding sources.

The individual or family:

- Has income below 30 percent of median income for the geographic area (see income documentation form);  
**AND**
- Lacks sufficient resources to attain housing stability. [e.g., family, friends, faith-based or other social networks immediately available] to prevent them from moving to an emergency shelter or another place described in category 1 of the homeless definition.

Evidence of the second eligibility criterion (#2 above) for this applicant is:

- Source documents (*e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g., former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of "at risk of homelessness" or
- If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

The person(s) listed above meet one or more of the following risk factors:

- Has moved frequently because of economic reasons
- Is living in the home of another because of economic hardship
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
- Lives in a hotel or motel; "and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations"
- Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau.)

- Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

Evidence of risk factors for this applicant is:

- Source documents (*e.g., notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears*).
- To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g., former employer, public administrator, relative*) or written certification by the intake staff of the oral verification by the relevant third party **or**
- If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

**Verifying Agency/Person**

I certify that I have provided verification as indicated above that the ESG applicant meets eligibility criteria and/or risk factors for being “at-risk of homelessness” as defined by HUD.

|               |            |
|---------------|------------|
| Printed Name: | Signature: |
| Date:         | Title:     |
| Organization: | Address:   |