2.0 NC ESG VERIFICATION OF HOMELESS STATUS

Client Name: _________________________________________________  HMIS/DV#:_________  Agency:______________________________________________

In all cases of homelessness, HUD has a preferred order for documentation:

- The best documentation to use is written, third (3rd) party documentation (attach directly to this form),
- Followed by oral 3rd party (attach statement confirming oral conversation directly to this form)
- Followed by Intake Staff Observations (only applicable where indicated), and (attach statement confirming observations directly to this form)
- Completed Self-Certification form by the participant (only applicable where indicated).

**Note: Self-Certification should be used as last resort if third party documentation is not obtainable.**

* Homelessness Prevention projects can only serve individuals and families that have an annual median income (AMI) at 30% or below and three-month recertification is required for continued assistance
* Rapid Rehousing projects must re-assessed individuals and families at the 12th month and total household income must be at or below 30% AMI.

### CRITERIA FOR DEFINING HOMELESSNESS

(Place an “X” in the correct ESG activity)

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
<th>Ineligible Client</th>
</tr>
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<tbody>
<tr>
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<td>Rapid Rehousing</td>
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#### Literally Homeless

- Individual or family who lacks, regular and adequate nighttime residence, meaning:
  - Primary nighttime residence is public or private and not meant for human habitation.
  - Is living in a public or privately-operated shelter (congregate shelters, transitional housing and hotels and motels are paid for by charitable organizations or federal, state and local government.
  - Is exiting an institution where(s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation

#### Imminent Risk of Homelessness

- 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
  - No subsequent residence has been identified; and
  - The individual or family lacks the resources or support networks needed to obtain other permanent housing.

#### Homeless under other Federal Statutes

- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - Are defined homeless under the listed federal statutes;
  - Have no lease, ownership interest or occupancy agreement in permanent housing for 60 days prior to the homeless assistance application;
  - Have experience persistent instability as measured by two (2) moves or more during the preceding 60 days; and

#### Fleeing/Attempting to Flee DV

- Any individual or family who:
  - Is fleeing, or is attempting to flee domestic violence;
  - Has no other residence; and
  - Lacks the resources or support networks to obtain other permanent housing.

#### Clients that do not meet Category 1 – 4

- Any individual or family who:
  - Does not meet the criteria set forth in Category 1 – 4 for defining homelessness
immediately before entering that institution.

• Can be expected to continue such status for an extended period due to special needs and barriers.

### ESG RECORDKEEPING REQUIREMENTS

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- Written observation by outreach worker; or
- Written referral by another housing or service provider; or
- Self-Certification by individual or head of household stating that (s) he was living on the street or in shelter; (complete required form included below)
- Individuals exiting an institution – one of the forms of evidence above and:
  1. Discharge paperwork or written/oral referral, or
  2. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution.

- Court order from an eviction; or
- Hotel and motel exit-evidence that they lack the financial resources; or
- Documented and verified oral statement; and
- Certification that no subsequent residence has been identified; and
- Self-certification or other written documentation that household lack the financial resources and support necessary to obtain permanent housing (PH). (complete required form included below) *(Use as a last resort)*

- Certification by non-profit, local and state government that the household seeking assistance met the homelessness criteria under another federal statute; and
- Certification of no PH in last 60 days; and
- Self-Certification by the head of household and any available supporting documentation, that (s) he has moved two (2) or more times in the past 60 days; (complete required form included below) and
- Documentation of special needs or 2 or more barriers.

For victim service providers:
- Oral statement by individual or head of household which states; they are fleeing; they have no other subsequent residence and lack resources. (Statement must be documented by self-certification or intake worker).

For non-victim service providers:
- Oral statement by individual or head of household seeking assistance (documented by self-certification (complete required form included below) or intake worker). The family safety must not be jeopardized.
- Certification by head of household that no subsequent residence has been identified; and
- Self-Certification or other written documentation, the household lacks financial resources and support networks to obtain other permanent housing. *(Use as a last resort)* (complete required form included below)
I Certify that the household lacks the financial resources and support to necessary obtain permanent housing: □ Yes: □ No:

Verified by: ________________________________ Date: ________________ HMIS#: ____________________

Subrecipient MUST attach and submit third party documentation to support client’s verification of homelessness status.
NC ESG SELF-CERTIFICATION OF HOMELESS STATUS FORM

Note: Self-Certification should be used as last resort if third party documentation is not obtainable.

Check one:

☐ I am a household without dependent children (complete one form for each adult in the household)

☐ I am a household with dependent children (complete one form for the household)

   Number of persons in the household: _________

This is to certify that the above-named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

CATEGORY 1

Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:

☐ My Primary nighttime residence is a public or private place not meant for human habitation;

☐ I [and my children] are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);

☐ I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

CATEGORY 2

I am an individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

☐ My residence will be lost within 14 days of the date of this notice; and

☐ No subsequent residence has been identified; and

☐ I (and my children) lack the resources or support networks needed to obtain permanent housing

CATEGORY 3

I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

☐ I am defined as homeless under another federal statute;

☐ I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;

☐ I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined follows:________________________________________________________________________________________________________

________________________________________________________________________________________________________
CATEGORY 4

☐ I am an individual or family that is:
  • Fleeing, or attempting to flee due to domestic violence;
  • Have no other residence; and
  • Lack the resources or support networks to obtain other permanent housing

I certify that the information above I have provided in applying for ESG assistance is true, accurate and complete.

ESG Client Signature: ________________________________ Date: __________________________

For official use only:

Staff Certification

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

Documentation of attempt(s) made for third-party verification:

<table>
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<tr>
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Staff Signature: ________________________________ Date: __________________________