



## HSH Permanent Housing Application

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### Form C1: Third-Party Homeless Certification [to be completed by Staff]

If **safety would not be jeopardized**, this form, filled out with only the minimum information necessary, may be used to document if the household is fleeing or attempting to flee domestic violence. **By signing this form or a letter on your agency's letterhead, you are certifying this information to be true.**

Client's Name(s): \_\_\_\_\_

Access Point: \_\_\_\_\_

**\*Chronically homeless households must be currently residing in one of the following:**

- SHELTERED:** The person(s) named above was/were living in a supervised publicly or privately operated shelter on the date(s) below:

Name of Shelter: \_\_\_\_\_

Dates: \_\_\_\_\_

*(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)*

- UNSHELTERED:** The person(s) named above was/were living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus station, airport, or campground ("a place unfit for human habitation") on the date(s) below.

Date(s): \_\_\_\_\_

*(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)*

- TRANSITIONAL HOUSING<sup>1</sup>:** The person(s) named above stayed in transitional housing for fewer than 24 months.

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<sup>1</sup> Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for PSH.<sup>#</sup> Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.

Name of institution: \_\_\_\_\_

Dates: \_\_\_\_\_

*(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)*

- Immediately prior to entering institution the person(s) named above was/were residing in:
  - Emergency shelter
  - A place unfit for human habitation
  
- INSTITUTIONAL STAY:** The person(s) named above stayed in an institution for fewer than 90 days.

Name of institution: \_\_\_\_\_

Dates: \_\_\_\_\_

*(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)*

- Immediately prior to entering institution the person(s) named above was/were residing in:
  - Emergency shelter
  - A place unfit for human habitation

Access Point/Coordinated Entry/Housing Navigation Staff: (printed name):

\_\_\_\_\_

Title/Organization: \_\_\_\_\_

Access Point/Coordinated Entry/Housing Navigation Staff (signature):

\_\_\_\_\_

Date: \_\_\_\_\_

- TRANSITIONAL HOUSING<sup>2</sup>:** The person(s) named above stayed in a transitional housing for fewer than 24 months.

\_\_\_\_\_

<sup>2</sup> Veterans residing in VA-funded transitional housing, including the VA Grant and Per Diem program (GPD), do maintain their homeless and/or chronic homeless status for the purpose of determining eligibility for PSH.<sup>#</sup> Note that this differs from non-veterans living in transitional housing, who are not considered chronically homeless, regardless of their status upon entry into transitional housing.

Name of institution: \_\_\_\_\_

Dates: \_\_\_\_\_

*(i.e. 1/1/19-2/1/19; if client is currently residing here, list as 1/1/19-current)*

- Immediately prior to entering institution the person(s) named above was/were residing in:
  - Emergency shelter
  - A place unfit for human habitation
  
- FLEEING DOMESTIC VIOLENCE:** 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 in the primary nighttime residence or has made the individual afraid to return to their primary nighttime residence, **AND**
  - Has no other residence, **AND**
  - Lacks the resources or support networks, such as family, friends, and faith-based or other social networks to obtain other permanent housing

**By signing this form or a letter on your agency's letterhead, you are certifying this information to be true.**

Access Point/Coordinated Entry/Housing Navigation Staff: (printed name):

\_\_\_\_\_

Title/Organization: \_\_\_\_\_

Access Point/Coordinated Entry/Housing Navigation Staff (signature):

\_\_\_\_\_

Date: \_\_\_\_\_

***Please note: one night in an emergency shelter or Safe Haven or one contact by a street outreach provider is enough to serve as documentation for that entire month.***