

## ESG Eligibility Verification and Certification for Program Services

Complete **Part I, II, and III** for all **emergency, transitional shelter, street outreach and rapid re-housing** participants. Complete **Part IV and V** for **homeless prevention** participants. This form and all required documentation as described and collected must be maintained in the agency's participant's file.

### **Part I—Certification of Homelessness**

I certify that I am homeless and do not have family or resources to obtain housing for the following reason(s):

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**Attach additional page(s) as**

**necessary**

Participant's Signature

Date

**Part II—Third Party Verification of Homelessness:** Provide the third party documentation of homelessness, as appropriate. **Circle** the appropriate letter (A-J) that corresponds to the participant's homelessness situation and **attach** the documentation as instructed.

#### **A. Participant sleeping in place(s) not meant for human habitation**

- 1. Supportive services only projects provide services—such as outreach, food, health care, and clothing**—to persons who reside on the streets. In most cases, it is not feasible to require the homeless persons to document that they reside on the street. It is sufficient for the grantee's staff to certify that the persons served, indeed, reside on the street. The outreach or service worker should sign and date a general certification verifying that services are going to homeless persons and indicating where the persons reside.
- 2. Emergency/Transitional Shelter**—the grantee should obtain information to indicate that a participant is coming from the street. This may include names of other organizations or outreach workers who have assisted them in the recent past who might provide documentation.

If you are unable to verify that the person is coming from residing on the street, have the participant prepare or you prepare a written statement about the participant's previous living place and have the participant sign the statement and date it. Merely obtaining a self-certification is not adequate.

If the participant was referred by an outreach worker or social service agency, you must obtain written verification from the referring organization regarding where the person has been residing. This verification should be on agency letterhead, signed and dated.

#### **B. Participant is homeless living in a shelter or transitional housing**

The grantee should have written verification from the emergency or transitional shelter staff that the participant has been residing at the shelter for homeless persons. The verification should be on agency letterhead, signed and dated.

The grantee should also have written verification that the participant was living on the streets or in an emergency shelter prior to living in the transitional housing facility (see above for required documentation) or was discharged from an institution or evicted prior to living in the transitional housing facility and would have been homeless if not for the transitional housing (see below for required documentation).

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### **C. Participant is within 2 weeks of eviction**

The grantee must have evidence of the formal eviction proceedings indicating that the participant was being evicted within 14 days of the date of application for homeless assistance.

If the person's family is evicting him/her, a statement describing the reason for eviction should be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, the grantee must obtain a signed and dated statement from the participant describing the situation. The grantee must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

The grantee must also have information on the income of the participant and what efforts were made to obtain housing and why, without assistance, the participant would be living on the street or in an emergency shelter.

### **D. Hotel/ Motel stays**

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or

### **E. Participant leaving a short-term stay ( fewer than 90 days) in an institution**

The grantee should have written verification from the institution's staff that the participant has been residing in the institution for 90 days or less. The verification should be signed and dated.

The grantee also should have written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution. See above for guidance.

### **F. Youth under 25 year old**

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless.

G. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

H. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

I. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or ;

### **J. Participant is fleeing domestic violence**

The grantee must have written verification from the participant that he/she is fleeing a domestic violence situation. If the participant is unable to prepare the verification, prepare a written statement about the participant's previous living situation and have the participant sign the statement and date it.

**Part III—Certification of Homeless Service Entity:** Based upon representations made to me by the participant (Part I) and accompanying documentation (Part II), I find the participant to be homeless and eligible for homeless assistance. Describe third party documentation and the homeless circumstances of the participant—attach additional page(s), if necessary.

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Signature of Certifying Representative of Homeless Service Entity

Date

**Part IV—Participant eligibility for and documentation substantiating Homeless Prevention**

**Services:** Circle the eligibility criteria as indicated below. Attach additional documentation to substantiate the eligibility criteria

- (1) An individual or family who:
  - (i) Has an **annual income below 30 percent** of median family income for the area, as determined by HUD;
  - (ii) **Does not have sufficient resources or support networks**, 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 paragraph (1) of the ‘homeless’ definition in this section; and
  - (iii) **Meets one of the following conditions:**
    - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
    - (B) Is living in the home of another because of economic hardship;
    - (C) 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 for assistance;
    - (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
    - (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
- (2) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or a child or youth who does not qualify as ‘homeless’ under this section, but qualifies as ‘homeless’ under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C.5732a or A child or youth who does not qualify as ‘homeless’ under this section, but qualifies as ‘homeless’ under section 725(2) of the McKinney-Vento Homeless Assistance Act (42U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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**Check that additional eligibility criteria have been met and attach substantiating documentation.**

	The inability of the family to make the required payments must be due to a sudden reduction in income (i.e., sudden unemployment). Provide documentation verifying.
	The assistance must be necessary to avoid eviction to the family. Provide documentation.
	There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide documentation that household can be maintained without further assistance (i.e. evidence of new job or income & budget showing expenses paid).
	The assistance must not supplant funding for pre-existing homeless prevention activities from any other sources.

**Part V—Certification of Preventive Service Entity:** Based upon representations made to me by the participant (Part IV) and accompanying documentation that substantiates the service(s) received and the additional preventive criterion, I find the participant to be at-risk of homelessness and eligible for preventive assistance. Describe third party documentation and the at-risk of homelessness circumstances of the participant—attach additional page(s), if necessary.

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Signature of Certifying Representative of Preventive Service Entity

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Date