

# AT-RISK OF HOMELESSNESS CERTIFICATION

The At-Risk of Homelessness Certification is used by agencies\* to affirm an individual or family is at-risk of experiencing homelessness at the time the certification is completed.

Client Name: \_\_\_\_\_ HMIS UID (or DOB): \_\_\_\_\_

Number of Household Members (excluding head of household): \_\_\_\_\_

Please read each option. Check the boxes if the client meets both of the following:

- Has an annual income below 30% area median income (AMI).
  - Most recent print out of monthly income (if any) is attached (SSI, SSDI, CalWORKs, paystubs, etc.).
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or into homelessness.

**AND**

Check the box if the client meets at least ONE of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding applying for homelessness assistance.
- 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 of the date of application for assistance; (due diligence needs to be done to confirm they will lose their housing without one-time financial assistance, i.e. eviction notice)
- Lives in a hotel or motel that is not paid for by charitable organizations or by federal, State, or local government programs for low-income individuals.
- Lives in a single-room occupancy or efficiency apartment unit with more than two people, or lives in a larger housing unit in which there reside more than 1.5 people\* per room.
  - \*Total number of household members divided by number of bedrooms available in a housing unit
- 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).

I affirm that I am a representative of one of the referenced agencies\* and that the above-named person is at-risk of experiencing homelessness. I have enclosed the proper documentation as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

\*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, soup kitchens, food banks, and governmental organizations