



# At-Risk of Homelessness Certification

\*Agencies use the At-Risk of Homelessness Certification to affirm an individual or family who is not currently homeless but is likely to become homeless without some form of intervention.

Client Name: \_\_\_\_\_ HMIS UID: \_\_\_\_\_

The client is an individual or family who:

Check both boxes if they apply to the clients

- Has an annual income below 30 percent of the Median Family Income (MFI) for the area
- Does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from entering 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 the application for homelessness prevention 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 after the date of application for assistance
- 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
- 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 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, a mental health facility, foster care or other youth facility, or correction program or institution)
- Lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

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.