**Verification of Homelessness**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_

**Homeless**: You do not have a fixed, regular, and adequate nighttime residence. You may be living in a shelter or without any shelter at all. You may also be living in transitional housing that provides housing, but the funding will expire, leaving you at risk of homelessness.

**Applicant Certification of Homelessness**

I hereby certify that I am homeless in accordance with the definition listed above at the time I am completing this form. I understand that any falsification, misrepresentation or concealment of information will be considered grounds for denying admission to BHA housing for a period of three (3) years.

Applicant Signature: \_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Shelter Certification**

An official from a public or private shelter or a social service agency may certify homelessness. A police official may only certify if the applicant is without a fixed regular nighttime residence.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify, in my official capacity, that I have direct knowledge that:

[ ] The applicant is currently residing in a recognized, supervised shelter, transitional housing program, hotel or welfare motel providing temporary accommodations for homeless people.

Shelter / Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_

[ ] Applicant is currently without a fixed, regular nighttime residence. Provide details about living situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ] In the case that the Applicant cannot be in the shelter due to a medical condition, written verification from a medical provider must be provided to demonstrate that the individual is unable to live in a public or private shelter, or any other place unfit for human habitation due to the applicant’s severe medical condition or disability.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_