

SEK-CAP TBRA Program Homeless Certification

Name of Applicant: _____ Referral Agency: _____

This is to certify that the above named individual or household is currently homeless based on the check mark and signature indicating their current living situation. In signing this form, the agency and applicant are certifying that, to the best of their knowledge, the information provided is true. This form must be completed by a participating agency, designated by SEK-CAP. **Select the living situation that currently applies to the applicant by placing an 'X' in the box:**

Category 1

- Has a primary nighttime residence that is a public or private place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- Living in a 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).

- Exiting an institution where (s)he has resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2

- Will imminently lose their primary nighttime residence, provided that the following circumstances are true:
 - a) Residence will be lost within 14 days of the date of application for homeless assistance;
 - b) No subsequent residence has been identified; AND
 - c) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3

- Unaccompanied youth under 25 years of age (must be 18 or older), or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - a) Are defined as homeless under the other listed federal statutes;
 - b) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - c) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; AND
 - d) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Category 4

- Any individual or family who:
 - a) Is fleeing, or is attempting to flee, domestic violence;
 - b) Has no other residence; AND
 - c) Lacks the resources or support networks to obtain other permanent housing

Authorized Referral Agency Representative (Printed Name, Signature, & Date)

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Applicant (Printed Name, Signature & Date)

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