

**EXHIBIT E
HEAP HOMELESS STATUS CERTIFICATION FORM**

This form must be completed for each adult applicant (or participant) requesting or receiving HEAP assistance.

Case Manager (last name, first name): _____

HEAP Applicant (last name, first name): _____

Intake Date (date of entry): _____

Date of entry into HMIS: _____

HMIS Client Identification _____

Check one:

- I am a household of _____ adults with no children under age 18
- I am a household of _____ adults with _____ children under age 18

This is to certify the above named individual or household is currently homeless or at imminent risk of homelessness based on the following and other indicated information and the signed declaration by the applicant.

CATEGORY – Literally Homeless

Check only one: I am an individuals or family who lacks a fixed, regular, and adequate nighttime residence as follows:

- My primary nighttime residence is a public or private place not meant for human habitation.
 - I [and my children] are living in a publically or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs).
 - I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
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CATEGORY – At imminent Risk of Homelessness

I am an individual or family at imminent risk of losing my primary nighttime residence and have ALL of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; **AND**
 - No subsequent residence has been identified; **AND**
 - I [and my children] lack the resources or support networks needed to obtain permanent housing.
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CATEGORY – Unaccompanied Youth

I am an unaccompanied youth under 25 years of age, or a family with children and youth, who not otherwise qualify as homeless, but I meet ALL of the following circumstances:

- I am defined as homeless under another federal statute; **AND**
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance; **AND**
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days, **AND**
- I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:

CATEGORY – Fleeing or Attempting to Flee

I am an individual or family that is and have ALL the following circumstances:

- Fleeing, or attempting to flee, domestic violence; **AND**
- Have no other residence; **AND**
- Lack the resources or support networks to obtain other permanent housing.

Applicant/Participant must certify the following is true and correct:

- I hereby certify, under penalty of perjury, that no subsequent residence has been identified for me at this time. (*Categories: Literally Homeless, At Imminent Risk of Homelessness, and Fleeing or Attempting to Flee*)
- I hereby certify, under penalty of perjury, the information and other information I have provide in applying for HEAP assistance is true and complete. (*All Categories*)

HEAP Applicant Signature

Date

HEAP Staff Signature

Date