

## ESG Documentation of Eligibility

Participant Name:

Referral Source (Name/Agency):  Phone Number:

**CURRENT LIVING SITUATION (CHECK ONE):**

|                          | Living Situation   | Documentation Required   |
|--------------------------|--|--|
| <input type="checkbox"/> | <p>An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes primary nighttime residence of:</p> <ul style="list-style-type: none"> <li>- Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)</li> <li>- Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations;</li> </ul> <p>In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for <b>90 days</b> or less and the person resided in a shelter (<b>but not transitional housing</b>) or place not meant for human habitation immediately prior to entering that institution.</p> | <p>Acceptable evidence documenting homelessness in a place not ordinarily used as sleeping accommodation or shelter includes:</p> <ul style="list-style-type: none"> <li>- Certification from individual or head of household seeking assistance;</li> <li>- Written documentation from an outreach worker as to where the individual or family was living before; or</li> <li>- Written referral by another housing or service provider.</li> </ul> <p>In addition, documentation that a person was in an institution for 90 days or less includes <b>discharge paperwork</b> or a written/oral referral from a social worker, case manager, or other appropriate official that explains the entry and exit dates. If the intake worker is unable to obtain such a statement, documentation of his/her due diligence in attempting to obtain one, along with a certification from the individual, is acceptable.</p>  |
| <input type="checkbox"/> | <p>Individual or family is being evicted within <b>14 days</b> from their primary nighttime residence and:</p> <ul style="list-style-type: none"> <li>- No subsequent residence has been identified; and</li> <li>-The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.</li> </ul>   | <ol style="list-style-type: none"> <li>1. At least one of the following state that the household must leave within 14 days; <ul style="list-style-type: none"> <li>- A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice;</li> <li>- For individuals in hotels or motels that they are paying for, evidence that the individual or family lacks the necessary financial resources to stay for more than 14 days; or</li> <li>- An oral statement by the individual or head of household stating that the owner or renter of the residence will not allow them to stay for more than 14 days. The intake worker must verify the statement through contact with the owner or renter, or documentation of due diligence in attempting to obtain such a statement.</li> </ul> </li> <li>2. Certification by the individual or head of household that no subsequent residence has been identified.</li> <li>3. Self-certification or other written documentation that the individual or head of household lacks the financial resource and support networks to obtain other housing.</li> </ol> |

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|--------------------------|--|--|
| <input type="checkbox"/> | <p>People with <b>ALL</b> of these characteristics:</p> <ol style="list-style-type: none"> <li>1. Unaccompanied youth (less than 25 years of age) or family with children and youth;</li> <li>2. Defined as homeless under other federal statutes (for example the definition used by the Department of Education) who do not otherwise qualify as homeless under HUD's definition;</li> <li>3. has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance;</li> <li>4. Has moved two or more times in the 60 days immediately prior to applying for assistance;</li> <li>5. Has one more more of the following <ul style="list-style-type: none"> <li>- chronic disabilities,</li> <li>- chronic physical or mental health conditions</li> <li>- substance addiction</li> <li>- histories of domestic violence or childhood abuse</li> <li>- child with a disability</li> <li>- two or more barriers to employment (e.g., lack of a highschool degree or GED, illiteracy, low English proficiency, history of incarceration or detention for criminal activity, or history of unstable employment)</li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>1. A nonprofit, state, or local government entity that administers the other federal statute must certify that household qualifies as homeless under that statute's definition.</li> <li>2. To document that the individual has not had a lease, occupancy agreement, or ownership interest in housing in the last 60 days, certification by the individual or head of household, written observation by an outreach worker, or referral by a provider.</li> <li>3. To document that the individual or family has moved two times in the past 60 days, a certification from the individual and supporting documentation, including records or statements from each owner or renter of housing, shelter or housing provider, or social worker, case worker, or appropriate official of an institution where the individual or family resided. Where these statements are unobtainable, the intake worker should include a written record of his or her due diligence in attempting to obtain them.</li> <li>4. Evidence of barriers includes: <ul style="list-style-type: none"> <li>- Written diagnosis from a licensed professional, employment records, department of corrections records, literacy, and English proficiency tests.</li> <li>- For disability, any of the above, written verification from the Social Security Administration (or a disability check receipt), or observation of the intake worker of disability, which must be confirmed within 45 days by an appropriate professional.</li> </ul> </li> </ol> |
| <input type="checkbox"/> | <p>Any individual or family who:</p> <ul style="list-style-type: none"> <li>- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence;</li> <li>- Has no other residence; and</li> <li>- Lacks the resources or support networks to obtain permanent housing.</li> </ul>   | <p>Acceptable Evidence for Individuals Fleeing Domestic Violence:</p> <ul style="list-style-type: none"> <li>- Oral statement by the individual or head of household seeking assistance, that is certified by the individual or head of household; and</li> <li>- Where the safety of the household is not in jeopardy: <ul style="list-style-type: none"> <li>- Written observation by intake worker; or</li> <li>- Written referral by a housing provider, social worker, or other organization from whom the household sought assistance for domestic violence.</li> </ul> </li> </ul> <p>If the individual or family is being admitted to a domestic violence shelter or is receiving services from a victim service provider, the oral statement need only be documented by a certification of the individual or head of household, or by the intake worker.</p>  |

**I certify that the information presented above is true and accurate. Required documentation (as identified above) is attached.**

**Signature of authorized grantee/project sponsor representative:**

**Date:**