

Greg Fischer
Mayor



Department of Community Services and Revitalization
Louisville, Kentucky

**Verification of Homelessness
Participant Eligibility Verification**

Applicant Name	Social Security Number	Date of Birth	Today's Date
Referral Source	Contact Person	Phone Number	
Intake Person's Name	Intake Agency		

In order for this agency to serve someone using HUD CoC or ESG funds, he/she MUST meet at least one of the following situations AND the required documentation must be present to verify his/her situation.

Possible Client's Current Situation	Check at least one	Documentation Required	Documentation Attached	Housing Specialist Init.
Lives on the street.		A signed and dated general certification from an outreach worker verifying that this person is homeless and indicates where this person currently resides.		
Lives in a place not meant for human habitation.		A signed and dated statement from a third party stating that this person is homeless and indicates where this person currently resides.		
Coming from an emergency shelter for homeless persons.		A signed and dated referral from the emergency shelter's staff.		
Coming from a transitional program for homeless persons.		A signed and dated verification from the transitional program's staff that includes when the person resided in the transitional program <u>AND</u> where the person was residing prior to entering the transitional program.		
Being evicted from a private dwelling <u>AND</u> has no place else to go.		Documentation of the following: <ul style="list-style-type: none"> • Income • Efforts to obtain housing • Why the person would be on the street without the assistance from this agency <u>AND</u> <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Documentation of formal eviction proceedings <u>OR</u> <ul style="list-style-type: none"> ○ A signed and dated statement from the family member who is evicting the participant that includes: <ul style="list-style-type: none"> ▪ Date the person is to be out of the dwelling (Must be within the week 		

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		of receiving assistance from this agency) <u>AND</u>		
		<ul style="list-style-type: none"> ▪ A statement that the person cannot return. 		
Being discharged from a short term stay (less than 31 days) in an institution <u>AND</u> who previously resided on the street or in an emergency shelter.		A signed and dated statement from the facility that the person has been there less than 31 days <u>AND</u> verification of where the person was residing prior to entering the facility		
Being discharged from a longer stay (more than 30 days) in an institution <u>AND</u> has no place else to go.		A signed and dated statement from the institution of discharge within one week of the person receiving assistance from this agency stating the following: <ul style="list-style-type: none"> • Documentation of income • Documentation of efforts to obtain housing <u>AND</u> • A statement of why this person would be homeless without assistance from this agency 		
Is fleeing a domestic violence situation.		A written, signed and dated verification of the domestic violence situation from the possible client		

Chronically Homelessness is defined as:

- (A) Been continuously homeless for a year or more
- (B) Has had at least 4 episodes of homelessness in the past 3 years.

A person is chronically homeless if he/she has a score of 3 points.

Chronically Homeless: Yes No

Section 3 applies to all housing assistance programs.

1. Is client currently living without children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 pt.
2. Has client lived in a shelter, in a car, in a vacant building, camped out, or lived on the streets for the <i>last year</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> Yes <input type="checkbox"/> No	1 pt.
3. Has client lived in a shelter, in a car, in a vacant building, camped out, or lived on the streets <i>4 or more times in the last 3 years</i> ?		
4. Does client have any of the following: (a) use of alcohol or other drugs, (b) physical health problem or illness, (c) mental health problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 pt.

NOTES:

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