

Supportive Services for Veteran Families (SSVF) Program LITERALLY HOMELESS CERTIFICATION

(Note: this form is used only for Rapid Re-housing i.e. SSVF categories 2 and 3)

SSVF Applicant Name:	
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Instructions: This form is to certify, via a third party, that the above named applicant is currently “literally homeless” as defined in the SSVF Program Guide’s description of eligibility for SSVF Rapid Re-housing. The third party completing this form must check one box below, provide a description, and sign and date this form.

I certify that the person name above and any household members with that person (check only one):

Is living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation, or am fleeing or attempting to flee a domestic violence situation.

<i>Description of Where Applicant is Staying:</i>	

Agency/Program Name: _____
Authorized Agency Representative Signature: _____ **Date:** _____

Is staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.

<i>Shelter, Transitional Housing or Hotel/Motel Name:</i>	
<i>Location:</i>	
<i>If Hotel/Motel: Name of Charity/Program Paying for Stay:</i>	

Authorized Agency Representative Signature: _____ **Date:** _____

Is exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.

<i>Name of Institution:</i>	
<i>Location:</i>	
<i>Date of Admission:</i>	
<i>Description of Unsheltered Location:</i>	
<i>Shelter Name:</i>	
<i>Location:</i>	

Authorized Agency Representative Signature: _____ **Date:** _____