

**COUNTY OF SACRAMENTO
HOMELESS CERTIFICATION
For Supportive Housing Programs (S+C and SHP)
(Please complete all sections including signatures)**

Name of Client: _____ is currently (check one of the boxes below):

a. Sleeping in an emergency shelter.

If you check this box, attach certification. Certification must be on agency letterhead, must indicate dates the client resided at the shelter, and be signed and dated by a staff member of the emergency shelter in which the client is residing.

b. Sleeping in places not meant for human habitation (such as cars, parks, sidewalks, etc.)

If you check this box, attach certification. Certification must be on agency letterhead, must indicate where the person has been residing, and be signed and dated by a staff member of an organization that is providing services to the person who can attest that he or she is homeless.

c. Spending a short time (30 days or less) in a hospital or other institution, but ordinarily sleeps in emergency shelter and/or places not meant for human habitation. *If you check this box, attach certification. Certification must indicate dates the client resided at the institution, be signed and dated by a staff member of the institution in which the client is residing **and** must document that the individual was homeless at the time he or she entered the institution.*

d. Living in transitional housing for homeless persons, having come from a shelter or place not meant for human habitation. *If you check this box, attach certification. Certification must indicate dates the client resided in the transitional program, be signed and dated by a staff member of the transitional housing program in which the client is residing **and** document that the individual was homeless at the time he or she entered.*

Items below this line do not meet Permanent Supportive Housing Requirements

e. Being evicted within one week from a private dwelling unit and has no subsequent residence identified and lacks the resources and support networks needed to access housing. *If you checked this box, attach documentation of the eviction. Documentation of a formal eviction must indicate the client is being evicted within the week before receiving SHP assistance. In the case of an informal eviction (from family or friends), a statement must be provided describing the reason for the eviction, signed and dated. (Does not meet permanent supportive housing eligibility requirements for S+C and SHP.)*

f. Being discharged from an institution and has no subsequent residence identified and lacks the resources and support networks needed to access housing. *If you check this box, attach certification. Certification must indicate dates the client resided in the institution, and document that he or she was discharged within the week before receiving SHP assistance, and must be signed and dated by a staff member of the institution from which the client is being discharged. (Does not meet permanent supportive housing eligibility requirements for S+C and SHP.)*

g. Fleeing a domestic violence situation and has no subsequent residence identified and lacks the resources and support networks needed to access housing. *If you checked this box, attach certification that may be signed by the participant or domestic violence provider. (Does not meet permanent supportive housing eligibility requirements S+C and SHP.)*

If you have checked item e or f, please also attach a narrative stating the client's monthly income and provide a brief explanation of the efforts that have been made to obtain housing and why, without SHP assistance, the client would be homeless.

I certify that the above information is correct to the best of my knowledge.

Signature

Date

Printed Name

Title

Address

Agency Name

City, State, Zip

(____)_____
Phone