

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ No Any Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$ .00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

# BEDROOMS NEEDED→ ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

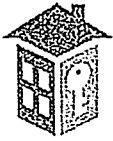
☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





Pine Street Inn  
Ending Homelessness

**PINE STREET INN HOUSING**  
**Tenant Management Office**

**Congregate Housing**  
**82 Green Street**  
**Jamaica Plain, MA 02130**  
**PHONE: (617) 892-8708**  
**FAX: (617) 524-7821**

**HOUSING APPLICATION**

Please indicate which Pine Street Inn Housing program you are applying for:

☐ Congregate Housing

**1. GENERAL INFORMATION – (please print clearly)**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (Apt) (Town) (State) (Zip Code)

Home Telephone No.: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

**2. OTHER CONTACT INFORMATION - Optional – (please print clearly)**

Are you currently receiving services from a homeless service provider? ☐ Yes ☐ No

Sponsoring Agency/shelter: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3. APPLICANT INFORMATION**

Race of Head of Household: (*Optional: Information will be used for fair housing programs only, as required by State and Federal laws*).

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black  
☐ White ☐ Do not wish to answer

Ethnicity of Head of Household: (*Optional: Information will be used for fair housing programs only, as required by State and Federal laws*).

☐ Hispanic ☐ Non-Hispanic ☐ Do not wish to answer

Veteran: ☐ No ☐ Yes If Veteran please indicate proof of service document: \_\_\_\_\_

discharge status: \_\_\_\_\_

#### 4. FAMILY COMPOSITION

<u>Full Name of Each Person in Household</u>	<u>Relationship to Head of Household</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security Number</u>
1. _____	Head of Household	_____	_____	_____
2. _____	_____	_____	_____	_____

#### 5. INCOME: LIST ALL SOURCES OF INCOME

List ALL sources of income for all household members. All income information will be verified with third parties.

Source of Income			Gross Monthly Amount
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
SSP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
TANF/Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you receive Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Are you entitled to receive Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you receive Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Are you entitled to receive Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Veterans Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Net Income from Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Income from Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
** Grants or Scholarships	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Do you have any of the following assets?

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Current Assets (Cash, etc.?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whole Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information provided above only serves to determine which units an applicant may qualify for. When you come in for a screening interview, income verification will be done.

6. HOUSING HISTORY (Congregate) Please complete this section for the past five (5) years of housing history or the past three (3) landlords, shelters or other types of housing (please include shelter stays).

HOUSING HISTORY (Scattered Site) Please follow HUD guidelines for Chronic Homelessness by demonstrating either one year of continuous homelessness or 4 demarked homeless episodes in 3 years.

From (Mo/Year)	TO (Mo/Year)	Street / Town	Rent	Landlord Contact Info
		Street: _____ Town: _____ State: _____ Zip: _____	\$ _____ <input type="checkbox"/> (check if utilities included)	Landlord: _____ Phone: _____ Street: _____ State: _____ Town: _____ Zip: _____ Reason for Leaving: _____
		Street: _____ Town: _____ State: _____ Zip: _____	\$ _____ <input type="checkbox"/> (check if utilities included)	Landlord: _____ Phone: _____ Street: _____ State: _____ Town: _____ Zip: _____ Reason for Leaving: _____
		Street: _____ Town: _____ State: _____ Zip: _____	\$ _____ <input type="checkbox"/> (check if utilities included)	Landlord: _____ Phone: _____ Street: _____ State: _____ Town: _____ Zip: _____ Reason for Leaving: _____
		Street: _____ Town: _____ State: _____ Zip: _____	\$ _____ <input type="checkbox"/> (check if utilities included)	Landlord: _____ Phone: _____ Street: _____ State: _____ Town: _____ Zip: _____ Reason for Leaving: _____
		Street: _____ Town: _____ State: _____ Zip: _____	\$ _____ <input type="checkbox"/> (check if utilities included)	Landlord: _____ Phone: _____ Street: _____ State: _____ Town: _____ Zip: _____ Reason for Leaving: _____

7. **STUDENT STATUS**

Are you a Full Time Student currently enrolled, or do you expect to become enrolled, or were you previously enrolled for any part of 5 months in a calendar year? (This includes college, university, technical, trade and mechanical schools) \_\_\_\_\_ Yes \_\_\_\_\_ No

*If YES please complete the following questions:*

Do you receive assistance under Title IV of the Social Security Act? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(i.e TANF or AFDC but not SS or SSI)?

Were you previously a foster child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you married and eligible to file a joint tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a single parent who is not claimed as a dependent by another individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Do you currently have a tenant-based Section 8 Voucher? ☐ No ☐ Yes

From what Housing Authority? \_\_\_\_\_

9. Have you, or any adult listed on the application, ever been convicted of a felony? ☐ No ☐ Yes

If, yes, describe the offense (s): \_\_\_\_\_

10. Have you, or any adult listed on the application, ever been convicted of a sexual offense? ☐ No ☐ Yes

If, yes, describe the offense (s): \_\_\_\_\_

11. **ACCESSIBLE UNIT/REASONABLE ACCOMMODATIONS** – Answering the following questions is optional:

Do you need or require a unit accessible to individuals with mobility impairments? ☐ Yes ☐ No

Do you need or require a unit accessible to individuals with visual or hearing impairments? ☐ Yes ☐ No

Do you require a special mode of communication because of a disability? (i.e. TDD, Braille, etc.) ☐ Yes ☐ No

If yes, what type: \_\_\_\_\_

If you are requesting a reasonable accommodation, what is the nature of the accommodation requested?  
\_\_\_\_\_

*Under the federal fair housing act, it is illegal on the basis of race, color, national origin, religion, sex, handicap, or familial status to deny an applicant rental housing. If you believe you have been discriminated against, you should send a complaint to: The Department of Housing and Urban Development, c/o Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410; or Massachusetts Commission Against Discrimination, 1 Ashburton Place, Boston, MA 02108; or Boston Fair Housing Commission, One Town Hall Plaza, room 966, Boston, MA 02201.*

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as

confidential in nature, and a consumer credit report, a housing history report, and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant



Equal Housing Opportunity









THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ ☐ No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Pine Street Inn, Inc is registered under the  
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Pine Street Inn, Inc  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Pine Street Inn, Inc  
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Pine Street Inn, Inc may conduct  
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Pine Street Inn, Inc, must first provide me  
(Organization)

with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date

# Pine Street Inn

82 Green Street  
Jamaica Plain, MA 02130

## NOTIFICATION AND AUTHORIZATION FOR BACKGROUND CHECK

*Para información en español, visite [www.backgrounddecision.com/esp](http://www.backgrounddecision.com/esp), o llame al (800) 332-9479.*

I authorize Strategic Information Resources, Inc. to thoroughly investigate my criminal history. I understand that the information supplied by me will be utilized as part of the processing procedures. A background check will be conducted to verify the validity of the information submitted and will be utilized to develop information concerning my criminal history. I acknowledge that these reports may be obtained at any time after receipt of my authorization and throughout the course of my rental agreement.

I am aware that in the event an investigative consumer report is prepared, I am entitled to request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit Reporting Act. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for tenant purposes is an investigation into the criminal history conducted by Strategic Information Resources, 155 Brookdale Drive, Springfield, MA 01104, (800) 332-9479, [www.backgrounddecision.com](http://www.backgrounddecision.com).

I authorize and release from all liability, without reservation, the consumer reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, or person gathering or providing information, to complete this investigation.

My signature below certifies that this authorization and the accompanying application and other documents are complete and true to the best of my knowledge. This release will remain valid unless revoked in writing.

*Copies and facsimile copies of this document may be accepted in lieu of the original.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Residence Dates: (From – To)

\_\_\_\_\_  
Please list any aliases names you have used in the past seven years here. (May include maiden names, former legal names, etc)

☐ CA, OK, & MN Residents: Check this box if you would like a copy of the background check results mailed to you:



**Pine Street Inn**  
Ending Homelessness

## AUTHORIZATION FOR RELEASE OF INFORMATION

PSI Housing Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize: Pine Street Inn authorized CORI staff

to release my CORI information to: Pine Street Inn staff authorized to conduct appeals

for the purpose of: pursuing an appeal of my eligibility for housing.

I understand that my records will not be disclosed to any entity or individual outside of Pine Street Inn without my written consent, except as specifically required by law. Any information released pursuant to this authorization is to be released only to the above named party and is not to be re-released to any person/agency not affiliated with the above named party without consent by me, except as provided by law.

I may withdraw this authorization by giving you written notification at any time prior or subsequent to the disclosure or release of the information. In the absence of my prior withdrawal, this authorization will expire one year after it is signed.

I have read, understand, and agree to the above release of information.

Signature of PSI Housing applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Pine Street Inn Staff: \_\_\_\_\_ Date: \_\_\_\_\_

*Would you like to receive a copy of your CORI?*      Yes ☐      No ☐

**Supportive Housing Program (SHP/PH) Disability Verification Form**

I hereby grant permission to \_\_\_\_\_ to obtain medical information from  
(Name of Provider or Agency)

\_\_\_\_\_  
(Physician or other Licensed Health Professional)

\_\_\_\_\_  
(Contact Information)

For the specific purpose of determining my eligibility for the SHP Permanent Housing Program. This release shall remain effective for one year from the date appearing below.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)

TO: \_\_\_\_\_

RE: \_\_\_\_\_

SS#: \_\_\_\_\_

This clinic/ agency/ practitioner are responding to a request regarding the disability status of the above-named patient associated with an eligibility determination for the SHP Permanent Housing Program. U.S. Department of Housing and Urban Development (HUD) regulations establish criteria which must be met for an applicant to be determined (based on disabled or handicapped status) eligible.

Based on my clinical judgment and knowledge of this patient, the following conditions apply to the above-named individual:

☐ Has a disability, as defined in Section 223 of the Social Security Act [42 USC 423] defines disability as:

- "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months"

☐ Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

- Is expected to be of long-continued and indefinite duration;  
Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Substantially impedes his or her ability to live independently;  
Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And

- Is of such a nature that the ability to live independently could be improved by more suitable housing conditions;  
Please describe:

\_\_\_\_\_

10/30/2015

---

HUD's definition does not exclude persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndromes.

OR

- ☐ Has a developmental disability as defined in 42 U.S.C. 6001. Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(7)] defines developmental disability in functional terms as:

"Severe chronic disability that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

---

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

---

(Signature and title of physician or other licensed health professional)

---

(Date)

---

(License number)

## Verification of Homelessness

In order to be eligible for services funded under McKinney-Vento Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Emergency Solutions Grant (ESG), an applicant must meet HUD's definition of homelessness:

- 1) S/he resides in one of the following places: (a) a place not meant for human habitation (e.g., car, park, sidewalk, abandoned building, etc.); (b) an emergency shelter for the homeless; or (c) transitional housing, congregate shelters, hotels/motels paid for by charitable organizations or by federal, state and local government programs; or
- 2) If s/he is being evicted from a private dwelling unit within 14 days and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain other permanent housing; or
- 3) If s/he is being discharged from an institution in which s/he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately prior to entering that institution; or
- 4) S/he has fleeing a domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening situation and has been rendered homeless by such flight, has no other residence and lacks the resources and support networks needed to obtain other permanent housing.

I hereby verify that the referred individual \_\_\_\_\_ is currently homeless and is:

**Participant**

- ☐ Currently staying at an emergency shelter \_\_\_\_\_ Date entered \_\_\_\_\_  
or DV shelter for individuals or families: \_\_\_\_\_ the shelter

**Name of Shelter**

Date entered \_\_\_\_\_

Currently a resident of a transitional housing program \_\_\_\_\_

**Name of Transitional Housing Program**

Date entered program: \_\_\_\_\_

- ☐ Being discharged for an inpatient setting, and was homeless  
(as defined above) immediately prior to inpatient stay: \_\_\_\_\_

**Name of Inpatient Program**

Date entered program: \_\_\_\_\_

Homelessness circumstances prior to inpatient stay: \_\_\_\_\_

- ☐ Being evicted from housing within 14 days. Homeless due to having fled domestic violence.

- ☐ Living on the street or in a place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

Location: \_\_\_\_\_

The above-named individual should be counted as chronically homeless because:

- ☐ S/he is an unaccompanied individual.
- ☐ S/he has a disabling condition: "a diagnosable substance abuse disorder, serious mental illness, developmental disability, and/or chronic physical illness or disability that limits his/her ability to work or perform one or more activities of daily living."

Nature of disability: \_\_\_\_\_

Evidence of disability: \_\_\_\_\_

- ☐ S/he has been continuously homeless for at least a year, or episodically homeless at least 4 times in the last 3 years.  
**Note:** Staff must attach a statement signed & dated by staff or the client, giving the dates & locations (street or shelters) where the client lived during the period given as the basis for designating him/her chronically homeless.

A statement signed by staff or the client about such prior homelessness is attached or appear on reverse side of this form.

I understand that false statements or information are punishable under federal law.

\_\_\_\_\_  
Signature of Authorized Program Staff

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

Provide a history of homelessness giving the dates & locations (street or shelters) where the client lived during the period given as the basis for designating him/her chronically homeless (continuously homeless for the past 12 months or episodically homeless at least 4 times in the last 3 years).

**Copy to use additional sheets as necessary.**

<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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<u>_____</u> Dates (from / to)	<u>_____</u> Location
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\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Authorized Program Staff

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Date

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