



HSH Permanent Housing Application

Form B: Certification of Homeless Status

Section 1: Homeless Status [to be completed by Staff]

Which of the below applies to the client or families' current living situation? (Check Only One)

Note: Client (Head of Household) must meet the selected definition at the time of program entry for HUD CoC PSH and RRH programs or have met the selected definition within the last seven (7) days for programs funded by the City and County of San Francisco.

Please refer to HUD's Definition of Homelessness and the San Francisco Homeless Populations Definitions in the glossary for additional detail.

Chronically homeless households must be 1, 2, 3 or 5.

- 1. Unsheltered**
- 2. Living in a shelter or Safe Haven**
- 3. Living in a transitional housing program for people experiencing homelessness or foster youth**
- 4. Fleeing domestic violence
- 5. Residing in institutional care facility for 90 days or less & met Criteria 1, 2, or 4 pre-institution**
- 6. At high risk of long-term or intermittent homelessness
- 7. At Imminent Risk of Homelessness
- 8. Household transferring from permanent supportive housing or Rapid Re-Housing and was an eligible household at time of entry

Chronic Homeless Status:

Do you have documentation that the individual or family HoH meets HUD's definition of chronic homelessness?

YES NO UNSURE/DOCUMENTATION NOT COMPLETE

For Shelter-in-Place Hotel (SIP) Guests Only:

The Client (Head of Household) resided at _____ (insert name of SIP Hotel),

beginning on _____ (insert enrollment date).



Section 2. Certifications [to be completed by Staff and Client]		
Staff Certification: To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.		
Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	
Please indicate steps taken to obtain third-party documentation if verification is not available:		
Head of Household Certification: To the best of my knowledge and ability, all of the information provided in this document is true and complete.		
Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date
Printed name of Client (second adult)	Signature of Client (second adult)	Date
