

ESSHI Homeless Verification Form

Check one	Homeless Status	Documentation Attached
	An un-domiciled person who is unable to secure permanent and stable housing without special assistance. This includes those who are inappropriately housed in an institutional facility and can safely live in the community and those who are at risk of homelessness.	
	A youth or young adult who left foster care with the prior five years and who was in foster care at or over age 16, and who is without permanent and stable housing.	
	An adult or young adult reentering the community from incarceration or juvenile justice placement, who was released or discharged, and who is without permanent and stable housing.	

Provide details of homeless status here:

Please include dates and locations of shelter placements, incarcerations, evictions, or location of residential facility (if inappropriately housed):

Please attach written verification of homelessness, such as statements from shelters, eviction notices, DHS documentation, etc.

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Community Provider Verifying Homelessness Status:

Name: _____

Agency: _____

Email: _____

Phone: _____

I verify that to the best of my knowledge the above information is true and accurate.

Signature of Referral Agent/Advocate

Date

Prospective Tenant Name (printed)

Signature of Prospective Tenant

Date

All applications must have written proof of homelessness to qualify for the program.