

**EMERGENCY SOLUTIONS GRANT
HOMELESSNESS CERTIFICATION – EMERGENCY SHELTER**

ESG Household Name: _____ Date: _____

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

CATEGORY 1: Literally Homeless

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

To certify homeless status for the above, must provide documentation of one of the following:

- Written observation by the outreach worker; **or**
 - Written referral by another housing or service provider; **or**
 - Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter (use self-certification form)
- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (**documentation must include one of the above forms of evidence AND one of the following**).
- Discharge paperwork **or** written/oral referral; **or**
 - Written record of intake worker’s due diligence to obtain above evidence **and** certification by individual that they exited institution (use self-certification form)

CATEGORY 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Documentation must include one of the following:

- A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
- For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay (use self-certification form); **or**
- An oral statement that residence will be lost within 14 days of the date of application for homeless assistance that if verified by an intake worker **or**
- If the intake worker is unable to verify the oral statement, must document due diligence in attempting to obtain verification and obtain written certification by the individual or head of household seeking assistance (use self-certification form)

In addition to one of the above, documentation must include ALL of the following:

- Certification that no subsequent residence has been identified (use self-certification form); **AND**
 - Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing (use self-certification form).
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CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence

- Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence;
 - (ii) Has no other residence; **and**
 - (iii) Lacks the resources or support networks to obtain other permanent housing

Documentation required:

For victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification (use self-certification form) **or** a certification by the intake worker.

*For non-victim service provider (must document **all** of the following):*

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification (use self-certification form) **or** by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and**
- Certification by the individual or head of household that no subsequent residence has been identified (use self-certification form) **and**
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing (use self-certification form)

Intake Staff Name: _____

Intake Staff Signature: _____

Date: _____

**EMERGENCY SOLUTIONS GRANT
HOMELESSNESS CERTIFICATION – RAPID REHOUSING/PREVENTION**

ESG Household Name: _____ Date: _____

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

CATEGORY 1: Literally Homeless (*Eligible for Rapid Re-housing Assistance Only*)

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
 - (iv) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

To certify homeless status for the above, must provide documentation of one of the following:

- Written observation by the outreach worker; **or**
- Written referral by another housing or service provider; **or**
- Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter (use self-certification form)

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (**documentation must include one of the above forms of evidence AND one of the following**).
- Discharge paperwork **or** written/oral referral; **or**
 - Written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution (use self-certification form).

CATEGORY 2: Imminent Risk of Homelessness (*Eligible for Homelessness Prevention Only*)

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
 - (iv) Has an annual income below 30% of AMI

Documentation must include one of the following:

- A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
- For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay (use self-certification form); **or**
- An oral statement that residence will be lost within 14 days of the date of application for homeless assistance that if verified by an intake worker **or**
- If the intake worker is unable to verify the oral statement, must document due diligence in attempting to obtain verification and obtain written certification by the individual or head of household seeking assistance (use self-certification form)

In addition to one of the above, documentation must include ALL of the following:

- Has an annual income below 30% of AMI (must have documentation of income eligibility); **AND**
- Certification that no subsequent residence has been identified (use self-certification form); **AND**
- Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing (use self-certification form).

CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence (*Eligible for rapid re-housing if household is also literally homeless. If not, they are eligible for Homelessness Prevention.*)

- Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence;
 - (ii) Has no other residence; **and**
 - (iii) Lacks the resources or support networks to obtain other permanent housing

Documentation required:

For victim service providers:

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification (use self-certification form) **or** a certification by the intake worker.

*For non-victim service provider (must document **all** of the following):*

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification (use self-certification form) **or** by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and**
- Certification by the individual or head of household that no subsequent residence has been identified (use self-certification form); **and**
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing (use self-certification form).

- PREVENTION ONLY: Must have an annual income below 30% of AMI (must have documentation of income)

AT RISK OF HOMELESSNESS (*Eligible for Homelessness Prevention Only*)
CHECK ONLY ONE CATEGORY AND COMPLETE ONLY THAT SECTION

CATEGORY 1: An individual or family:

- Has an annual income below 30% of AMI (must have documentation of income eligibility); **AND**
- Lacks sufficient resources or support networks immediately available to prevent homelessness. Must complete Self-Certification Form supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears.

AND meets ONE of the following risk factors with acceptable documentation:

*Acceptable documentation of risk factors includes source documents that evidence one or more of the conditions is met (e.g., eviction notice, notice of termination from employment, bank statement). **OR***

*To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, owner, primary leaseholder, public administrator, hotel or motel manager) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or more of the criteria **OR***

To the extent that source documents and third-party verification are unobtainable, a written statement by the recipient's or subrecipient's intake staff that the staff person has visited the applicant's residence and determined that the applicant meets one or more of the criteria or, if a visit is not practicable or relevant to the determination, a written statement by the recipient's or subrecipient's intake staff describing the efforts taken to obtain the required evidence

- Risk 1:** Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance
- Risk 2:** Living in the home of another person/individual because of economic hardship
- Risk 3:** Housing loss within 21 days – has been notified of their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days

- Risk 4:** Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals
 - Risk 5:** Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room
 - Risk 6:** Exiting publicly funded institution or system of care
 - Risk 7:** Living in housing associated with instability and an increased risk of homelessness.
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CATEGORY 2: Unaccompanied Children and Youth

- A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute (**must document the following**):
 - Written Verification of Homeless Status must be provided by agency administering applicable Federal program.
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CATEGORY 3: Families with Children and Youth

- An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her (**must document the following**).
 - Must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program **AND** must confirm family/guardian is residing with children/youth.
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ALL PROGRAMS MUST COMPLETE BELOW, REGARDLESS OF ELIGIBILITY CATEGORY

Describe the documentation obtained and attached to this form: _____

If self certification was used, describe efforts to obtain third party certification: _____

Intake Staff Name: _____

Intake Staff Signature: _____ Date: _____

ESG Self-Certification Form

Instructions: This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to the ESG program eligibility.

This section to be completed by the applicant/participant

Date _____

Name of Head of Household _____

Unit Address _____
 Street Address Apt. # City State Zip Code

Telephone Number (____) _____ E-Mail Address _____

Self-Certification of: [] Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified; [] Fleeing domestic violence; [] Living on street or in shelter; [] Exiting from institution [] Other (please describe) _____

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Certification: I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

Client Signature: _____ Date _____

Intake Staff Signature: _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

DECLARATION OF NO INCOME EMERGENCY SOLUTIONS GRANTS

Must complete both pages of this 'Declaration of No Income' document.

I (name), _____ **SSN** _____
do hereby certify that I do not receive income from any source.

I understand sources of income include but are not limited to:

- Unemployment benefits
- Employment
- CalWORKS or TANF (Temporary Assistance to Needy Families)
- Social Security benefits
- S.S.I (Supplemental Security Income) / S.S.D.I. (Social Security Disability Insurance)
- General Assistance (CAAP, PAES, CALM, SSIP, GA)
- V.A. Pension
- Retirement Benefits
- Disability Benefits
- Spousal Support
- Child Support
- Income From Assets
- School Grants
- Family Support (parent, children, etc.)
- Interest From Savings Account
- Self-employment (including child care, housekeeping, work from home, contracted, etc.)
- Any other interest received

I further understand that should I become gainfully employed or begin receiving income from any source, it must be reported to the Program immediately.

I sign this declaration under penalty of perjury and with full knowledge of the repercussions of willful falsification.

Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction.

Signed: _____
(signature of agency representative)

Applicant Signature: _____

Date: _____

**DECLARATION OF NO INCOME (CONTINUED)
EMERGENCY SOLUTIONS GRANTS**

Please answer the following questions to determine that you are indeed, without income (\$0.00). If you are without income, you must complete and submit both pages of this 'Declaration of No Income' document.

Have you obtained any income? Yes No

Is anyone assisting you by paying any bills at this time? Yes No

If yes, who? _____

How do you pay for food? _____

Do you pay utilities? Yes No

If yes, how? _____

Do you pay for transportation? Yes No

Do you ride the bus? Yes No

How? _____

Do you own a motor vehicle? Yes No

Do you make monthly payments? Yes No

Do you have car insurance? Yes No

How do you buy gas? _____

Do you have credit cards, credit lines or loans? Yes No

Monthly payments? Yes No

How do you make payments? _____

Do you own a phone (home and/or cellular)? Yes No

How do you pay the bill? _____

If you answered 'yes' to ANY of the above questions, please obtain WRITTEN VERIFICATION proving that the resource(s) used to pay the item(s) is/are not from your own income.

ESG Housing Habitability Standards Inspection Checklist

Inspections must be conducted upon initial occupancy and then on an annual basis for the term of ESG assistance. The habitability standards are different from the Housing Quality Standards (HQS) used for other HUD programs. Because the HQS criteria are more stringent than the habitability standards, a grantee could use either standard. In contrast to HQS inspections, the habitability standards do not require a certified inspector. As such, ESG program staff could conduct the inspections, using a form such as this one to document compliance.

Participant Name: _____

Address: _____

City/Zip Code: _____

Instructions: Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

| Approved or Deficient | Element |
|--------------------------|--|
| | 1. <i>Structure and materials:</i> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. |
| | 2. <i>Access:</i> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire. |
| | 3. <i>Space and security:</i> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep. |
| | 4. <i>Interior air quality:</i> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents. |
| | 5. <i>Water Supply:</i> The water supply must be free from contamination. |
| | 6. <i>Sanitary Facilities:</i> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste. |
| | 7. <i>Thermal environment:</i> The housing must have adequate heating and/or cooling facilities in proper operating condition. |
| | 8. <i>Illumination and electricity:</i> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire. |
| | 9. <i>Food preparation and refuse disposal:</i> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner. |

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|--|---|
| | 10. <i>Sanitary condition:</i> The housing and any equipment must be maintained in sanitary condition. |
| | 11. <i>Fire safety:</i> Both conditions below must be met to meet this standard. a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing- impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

Therefore, I make the following determination:

- Property is approved.
- Property is not approved.

Name of Evaluator: _____

Date: _____

Signature: _____