



Verification of Homelessness

Applicant Name: _____

Person Completing Form: _____

Agency Name (if applicable): _____

Contact Phone: _____

Contact Email: _____

| Please MARK any/all that apply to applicant's current situation | |
|--|---|
| <input type="checkbox"/> | Currently staying at an Emergency Shelter Name of Shelter: _____ Date Entered: _____ Date Exited: _____ |
| <input type="checkbox"/> | Currently staying in a place not meant for habitation (cars, parks, abandon buildings, camps, streets) |
| <input type="checkbox"/> | Renting a house/apartment o Facing eviction within 14 days (date you were told to leave by: _____) & have no other resources to prevent homelessness |
| <input type="checkbox"/> | Staying with friends or family o Have to leave within 14 days (date you were told to leave by: _____) & have no other resources to prevent homelessness |
| <input type="checkbox"/> | Hospital, Residential Treatment, Correctional Facility or other institution *Must have stayed less than 90 days & just prior, was in shelter or place not meant for living* Name of Facility: _____ Date Entered: _____ Date Exited: _____ |
| <input type="checkbox"/> | Motel/Hotel (check all that apply) o Paid by someone else (state or charitable organization): _____ |
| <input type="checkbox"/> | Fleeing or attempting to flee a domestic violence situation |
| Please MARK what form of documentation is supporting this application & attached | |
| <input type="checkbox"/> | Third Party Documentation (PREFERRED) |
| <input type="checkbox"/> | Service Provider Certification (Written Observation by Outreach Worker or other housing/service provider) |
| <input type="checkbox"/> | Self-Declaration of Housing Status for Homeless Assistance (Only if forms of documentation listed above cannot be provided) *Form can be found here |

I certify that the information above and any other information I have provided in applying for assistance is true, accurate, and complete.

Applicant Signature: _____ Date: _____

PLEASE SUBMIT THIS FORM & REQUIRED DOCUMENTATION TO ELMWOODSHELTER@CHAMPLAINHOUSINGTRUST.ORG

UPDATED 12/05/2022

