

Agency:

Date:

Homeless Status

Please check the homeless status provided by the person seeking assistance.

<p>Category 1: Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning 1) Has a primary nighttime residence that is a public or private place not meant for human habitation, or 2) is living in a shelter or place designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or the government)</p> <p>Category 1 is not eligible for this program; refer to shelter or other supportive services</p>	<input type="checkbox"/>
<p>Category 2: Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: 1) Residence will be lost within 14 days of the date of application for homeless assistance; 2) No subsequent residence has been identified; and 3) The individual or family lacks the resources or support networks needed to obtain other permanent housing</p> <p>Category 2 requires Income Verification</p>	<input type="checkbox"/>
<p>Category 3: Homeless under other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1) Are defined as homeless under the other listed federal statutes; 2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; 3) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and 4) Can be expected to continue in such status for an extended period of time due to special needs or barriers</p> <p>Category 3 requires Income Verification</p>	<input type="checkbox"/>
<p>Category 4: Fleeing/Attempting to Flee DV: Any individual or family who: 1. Is fleeing or attempting to flee domestic violence; 2. Has no other residence; 3. Lacks the resources or support networks to obtain other permanent housing.</p>	<input type="checkbox"/>

Income Verification

	Type of Income	Amount	Frequency
<input type="checkbox"/>	Employment/Self Employment Wages/Worker's Compensation		
<input type="checkbox"/>	Social Security (SSI/SSDI)		
<input type="checkbox"/>	Unemployment		
<input type="checkbox"/>	Retirement Income/Pension/Annuities/Trust		
<input type="checkbox"/>	Military Pay/Veteran's Benefits		
<input type="checkbox"/>	TANF/Child Support/Alimony		
<input type="checkbox"/>	Financial Aid		
<input type="checkbox"/>	Other		

Total Monthly Income:

\$ _____

Total Annual Income:

Household Size:

\$ _____

