

OREGON HOUSING AND COMMUNITY SERVICES

HOUSING PLUS - VERIFICATION OF HOMELESSNESS

Owner or management agent shall keep a copy of this verification in tenant's leasing file

Participant or Head of Household's Name: _____

Project Name: _____ Housing PLUS Unit Number _____

DEFINITION OF HOMELESSNESS. Housing PLUS resources will be limited to units within projects designated to house any of the following priority populations that may fit the following descriptions:

- *Those who are and have been homeless for long periods of time (one year or more), have experienced repeated stays in the streets, emergency shelters, or other temporary settings, often cycling between homeless and institutional systems of care such as hospitals, jails, prisons, foster care, or other emergency systems;*
- *Those who are frequently homeless and have chronic health conditions that are at least episodically disabling, such as mental illness, substance abuse, and HIV/AIDS, or other substantial barriers to housing stability (e.g. trauma, or history of placement in institutions); and*
- *Those who have been victims of domestic violence that face survival, safety risks and homelessness; come from a shelter, transitional housing, or another temporary housing situation; and/or have substantial barriers to obtaining and retaining housing (i.e. financial, housing history).*

DIRECTIONS: If possible, someone other than the Owner or Owner's representative should complete this section.

Complete Part A and B for all participants. For those participants unable to provide independent verification of homelessness (i.e. the participant was living on the streets; in a car, in a park, etc), complete Part A and B and have the participant sign and date Part C.

Name of Person Completing the Form: _____

Agency Verifying Homelessness: _____ Date: _____

I verify that the participant listed at the top of this form is homeless as indicated by the following:

Verifier's signature: _____ Date: _____

Part A:

Please provide a brief description of the homelessness of the individual/family as prioritized under the Housing PLUS Program (use additional paper as necessary):

Part B:

Please check the situation that describes the current living situation of the individual or family in the last 12 months or longer.

- () Long periods of time living in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation (i.e. on the streets, in a car, in a park, or other inappropriate place)
- () Repeated stays in shelters and/or transitional housing
- () Repeated stays in institutional systems of care (hospitals, jails, foster care, or other emergency systems)
- () Has chronic health conditions that are at least episodically disabling such as mental illness, substance abuse, HIV/AIDS, or other substantial barriers to housing stability.
- () Has been a victim of domestic violence facing survival and safety risks, comes from a shelter, transitional housing or another temporary housing situation and have other substantial barriers to obtain and retain housing.

Part C:

I understand that in order to be eligible for a Housing PLUS unit and associated supportive services under this program, I have to be homeless prior to moving into the unit. My signature below indicates that I am homeless as described in Part A of this form.

Participant Signature: _____ Date: _____