**Supportive Services for Veteran Families (SSVF) Program**

**LITERALLY HOMELESS CERTIFICATION**

*(Note: this form is used only for Rapid Re-housing i.e. SSVF categories 2 and 3)*

|  |  |
| --- | --- |
| **SSVF Applicant Name**: |  |

**Instructions:** This form is to certify, via a third party, that the above named applicant is currently “literally homeless” as defined in the SSVF Program Guide’s description of eligibility for SSVF Rapid Re-housing. The third party completing this form must check one box below, provide a description, and sign and date this form.

***I certify that the person name above and any household members with that person (check only one):***

**[ ]  Is living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation, or am fleeing or attempting to flee a domestic violence situation.**

|  |
| --- |
| ***Description of Where Applicant is Staying:*** |
|  |
|  |

**Agency/Program Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Agency Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_

[ ]  **Is** **staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.**

|  |  |
| --- | --- |
| ***Shelter, Transitional Housing or Hotel/Motel Name:*** |  |
| ***Location:*** |  |
| ***If Hotel/Motel: Name of Charity/Program Paying for Stay:*** |  |

**Authorized Agency Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_

[ ]  **Is exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.**

|  |  |
| --- | --- |
| ***Name of Institution:*** |  |
| ***Location:*** |  |
| ***Date of Admission:*** |  |
| ***Description of Unsheltered Location:*** |  |
| ***Shelter Name:*** |  |
| ***Location:*** |  |

**Authorized Agency Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_