

REPORTING HOMELESSNESS AT ADMISSION

Housing Authorities are required to report homelessness for all new admissions. Please fully complete this form.

Head of Household Name: _____

Head of Household SS#: _____

Please check the box(s) for any that apply to your household:

- ☐ My household is not homeless
- ☐ An individual or family who ***lacks a fixed, regular, and adequate nighttime residence***, meaning:
- ☐ a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; ***or***
 - ☐ b. An individual or family living in a supervised 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, or local government programs for low-income individuals); ***or***
 - ☐ c. An individual who is exiting an institution where he or she 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;
- ☐ Any individual or family who:
- ☐ i. Is ***fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking***, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; ***and***
 - ☐ ii. Has no other residence; ***and***
 - ☐ iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Under the penalties of perjury, I declare that I have prepared this statement and, to the best of my knowledge, it is true, correct and complete.

Head of Household (Signature)

Date

Co-Head or Spouse (Signature)

Date

Other Adult (Signature)

Date