



MISSISSIPPI HOME CORPORATION

VERIFICATION OF IMMINENT RISK OF HOMELESSNESS		
Head of Household Name	HMIS #:	ESG Project Entry Date:

Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. If the participant is being verified as “at-risk of homelessness,” and does not meet the housing status qualifications below, use the MHC At-Risk of Homelessness Certification form instead.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

HOMELESS DEFINITION CATEGORY 2: IMMINENT RISK OF HOMELESSNESS	
Housing Status	Documentation Attached
<input type="checkbox"/> Will imminently lose primary nighttime residence within 14 days AND No appropriate subsequent housing options have been identified AND Household lacks the financial resources and support networks necessary to obtain immediate housing or remain in existing housing	<input type="checkbox"/> Court order resulting from eviction action notifying the individual or family that they must leave AND <input type="checkbox"/> Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing For applicants living in a hotel/motel paid by applicant <input type="checkbox"/> A letter from the hotel/motel manager, or third party oral statement documented and showing that costs are paid by the applicant AND <input type="checkbox"/> Self Certification, or other written documentation stating that no subsequent residence has been identified and the applicant lacks the financial resources and support necessary to obtain permanent housing <i>Include written documentation showing lack of financial resources if available (e.g. financial documents, bank statements, etc.).</i>

HOMELESS DEFINITION CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE	
Housing Status	Documentation Attached
<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence AND Has no other residence AND Lacks the resources or support networks to obtain other permanent housing	<input type="checkbox"/> Staff Certification stating that the applicant is fleeing, has no subsequent residence, and lacks resources OR <input type="checkbox"/> Staff Certification stating that the applicant is fleeing, has no subsequent residence, and lacks resources <i>For non-victim service providers, where the safety of the applicant is not jeopardized, oral statements must be verified. Whenever possible, include further written documentation showing lack of financial resources (e.g. financial documents).</i>

INCOME VERIFICATION
<p>In addition to meeting the housing status requirements above, applicants for prevention must also have an income level that is at or below 30% of the Area Median Income (AMI) at the time of program application. This must be re-certified every 90 days.</p> <p>Attached documentation showing income at or below 30% of AMI includes:</p> <input type="checkbox"/> Verification of Income form AND <i>Choose one below</i> <input type="checkbox"/> Source documentation OR <input type="checkbox"/> Self-Declaration of Income (should ONLY be used rarely)

Intake Staff Name: _____

Date: _____

Intake Staff Signature: _____

Head of Household Signature: _____

Date: _____