



MISSISSIPPI HOME CORPORATION
AT RISK OF HOMELESSNESS CERTIFICATION

This is to certify that the individual or household below is currently at risk of homelessness based on the category checked and required documentation.

ESG Household Name: _____ Date: _____

Check only one category and complete only that section.

CATEGORY 1: An individual or family: (must have income 30% below AMI, lack sufficient resources & meet one of the following risk factors)

- Has an annual income below 30% of AMI (must have documentation of income eligibility); **AND**
- Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self-Certification Form No. 5) supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears.

AND meets one of the following risk factors with acceptable documentation:

- Risk 1:** Persistent housing instability - has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance (**must document the following two criteria**):
 - Housing history must demonstrate two or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (**intake observation not appropriate**); **and**
 - Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).

Risk 2: Living in the home of another person/individual because of economic hardship (**must document the following two criteria**):

- Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (**intake observation may be appropriate**); **and**

- Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).
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- Risk 3:** Housing loss within 21 days – has been notified of their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third party source/ written is appropriate (must document one of the following criteria):

- If tenant/homeowner: eviction notice, or court order to leave within 21 days; **or**
- If living with another (doubled up): eviction letter from tenant/homeowner.
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- Risk 4:** Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals (**must document the following two criteria**):

- Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; **and**
- Costs have not been covered by charitable organization or government program: documentation – canceled check, invoice, or receipts.
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- Risk 5:** Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room (**must document the following**):

- Number of rooms in unit **AND** number of individuals living in unit: documentation may include lease, unit details from Tax Assessor's Office, intake observation.
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- Risk 6:** Exiting publicly funded institution or system of care (**must document the following**):

- Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.
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Intake Staff Signature: _____ Date: _____

Head of Household Signature: _____ Date: _____