



MISSISSIPPI HOME CORPORATION

QP 2 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.

HOME-ARP 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% 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: _____