



MISSISSIPPI HOME CORPORATION

VERIFICATION OF IMMINENT RISK OF HOMELESSNESS (QP1. C.)		
Head of Household Name	HMIS #:	HOME-ARP Project

Instructions: *This form is to verify housing status for QP1.C. 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.

QP1. C 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>

QP 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	<input type="checkbox"/> Staff Certification stating that the applicant is fleeing OR <input type="checkbox"/> Self-Certification stating that the applicant is fleeing.

Intake Staff Signature: _____

Head of Household Signature: _____

Date: _____

Intake Staff Name: _____

Date: _____