

ESG/NDHG AT RISK OF HOMELESS CERTIFICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 59248 (1/15)

ESG/NDHG Household Name	Date
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Check only one Category and complete only that Section

<p>CATEGORY 1: An individual or family: (must have income 30% below AMI, lack sufficient resources & meets 1 of the following risk factors)</p> <p><input type="checkbox"/> Has an annual income below 30% of AMI for ESG, 50% of AMI for NDHG (must have documentation of income eligibility) AND</p> <p><input type="checkbox"/> Lacks sufficient resources or support networks immediately available to prevent homelessness (must complete Self-Certification SFN 60319) supported by other documentation when practical such as termination notice, unemployment compensation statement, healthcare/utility bill showing arrears)</p> <p>AND meets one of the following risk factors with acceptable documentation:</p>
<p><input type="checkbox"/> Risk 1: Persistent housing instability - has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance (must document the following 2 criteria):</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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).</p>
<p><input type="checkbox"/> Risk 2: Living in the home of another because of economic hardship (must document the following 2 criteria):</p> <p><input type="checkbox"/> Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (intake observation not appropriate); and</p> <p><input type="checkbox"/> 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).</p>
<p><input type="checkbox"/> Risk 3: Housing loss within 21 days – has been notified 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 <u>must be written and only third party source/written is appropriate</u> (must document 1 of the following criteria):</p> <p><input type="checkbox"/> If tenant/homeowner: eviction notice, court order to leave within 21 days; or</p> <p><input type="checkbox"/> If living with another (doubled up): eviction letter from tenant/homeowner.</p>
<p><input type="checkbox"/> 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 2 criteria):</p> <p><input type="checkbox"/> Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; and</p> <p><input type="checkbox"/> Costs have not been covered by charitable organization or government program: documentation – cancelled check.</p>
<p><input type="checkbox"/> 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):</p> <p><input type="checkbox"/> 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.</p>

CATEGORY 1: An individual or family: (continued)

<input type="checkbox"/> Risk 6: Exiting publicly funded institution or system of care (must document the following): <input type="checkbox"/> Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.
<input type="checkbox"/> Risk 7: Living in housing associated with instability and an increased risk of homelessness. For example: being a young household with a young child, lacking transportation to work, or other circumstances or barriers as identified in your community, (documentation must include): <input type="checkbox"/> Self-certification (SFN 60319) or other written documentation describing the circumstances and that the individual or family lacks resources and support networks to obtain other permanent housing.

CATEGORY 2: Unaccompanied Children and Youth: <input type="checkbox"/> A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute (must document the following): <input type="checkbox"/> Verification of Homeless Status must be provided by agency administering applicable Federal program: documentation must be Third Party – Written ONLY; Certification of homeless status (letter or standardized form)
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CATEGORY 3: Families with Children and Youth <input type="checkbox"/> An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or that child or youth if living with him or her (must document the following): <input type="checkbox"/> Third Party – Written ONLY; must have documentation of homeless status, which may be letter or referral provided by agency administering the Federal Program AND must confirm family/guardian is residing with children/youth.
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Intake Staff Signature	Date
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