

City of Urbana  
Dept. of Community Development Services  
Transitional Housing Application

**HOMELESS ELIGIBILITY VERIFICATION**

1. BASICALLY, A HOMELESS PERSON IS SOMEONE WHO IS LIVING ON THE STREET OR IN AN EMERGENCY SHELTER, OR WHO WOULD BE LIVING ON THE STREET OR IN AN EMERGENCY SHELTER WITHOUT ASSISTANCE.
2. A PERSON/FAMILY **MUST** BE HOMELESS AT THE TIME THE APPLICATION IS COMPLETED AND WHEN THEY ARE APPROVED FOR THE PROGRAM. (See Page 3 for list of ineligible persons)
3. A PERSON/FAMILY IS CONSIDERED HOMELESS **ONLY** WHEN HE/SHE RESIDES IN ONE OF THE PLACES DESCRIBED BELOW: (PLEASE CHECK ONE):
  - ☐ IN PLACES NOT MEANT FOR HUMAN HABITATION: CARS, PARKS, SIDEWALKS, AND/OR ABANDONED BUILDINGS.
  - ☐ IN AN EMERGENCY SHELTER: \_\_\_\_\_.  
(Name of Emergency Shelter)
  - ☐ IN A TRANSITIONAL HOUSING PROGRAM FOR HOMELESS PERSONS **AND** ORIGINALLY CAME FROM THE STREETS OR EMERGENCY SHELTER. \_\_\_\_\_.  
(Name of TH Program)
  - ☐ IN ANY OF THE ABOVE PLACES, BUT IS CURRENTLY SPENDING A SHORT TIME (LESS THAN 30 CONSECUTIVE DAYS) IN A HOSPITAL OR OTHER INSTITUTION (OTHER THAN PRISON): \_\_\_\_\_.  
(Name of Institution)
  - ☐ IS BEING EVICTED BY COURT ORDER WITHIN A WEEK (7 DAYS) FROM A PRIVATE DWELLING **AND** NO SUBSEQUENT RESIDENCE HAS BEEN IDENTIFIED **AND** THE PERSON LACKS THE RESOURCES AND SUPPORT NETWORKS NEEDED TO OBTAIN HOUSING; **OR**
  - ☐ IS BEING DISCHARGED WITHIN A WEEK (7 DAYS) FROM AN INSTITUTION (OTHER THAN PRISON) IN THAT THE PERSON HAS BEEN A RESIDENT FOR MORE THAT THIRTY (**30**) CONSECUTIVE DAYS **AND** NO SUBSEQUENT RESIDENCE HAS BEEN IDENTIFIED **AND** HE/SHE LACKS THE RESOURCES AND SUPPORT NETWORKS TO OBTAIN HOUSING.
  - ☐ IS FLEEING A DOMESTIC VIOLENCE HOUSING SITUATION AND NO SUBSEQUENT RESIDENCE HAS BEEN IDENTIFIED AND THE PERSON LACKS THE RESOURCES AND SUPPORT NETWORKS NEEDED TO OBTAIN HOUSING.
4. EXTENT OF HOMELESSNESS:
  - ☐ First time homeless
  - ☐ Chronic: Four (4) times in past three (3) years
  - ☐ One to two times in past
  - ☐ Long term: Two (2) years or more
5. DATE OF PRESENT HOMELESSNESS: \_\_\_\_\_

6. HOMELESSNESS - PRIMARY REASON:

- ☐ Medical Condition   ☐ Criminal Activity   ☐ Utility Shutoff   ☐ Mortgage Foreclosure
- ☐ Loss of Transportation   ☐ Loss of Child Care   ☐ Health/Safety   ☐ Domestic Violence Victim
- ☐ Underemployment/Low Income   ☐ Other: \_\_\_\_\_

7. HOMELESS - SECONDARY REASON:

- ☐ Medical Condition   ☐ Criminal Activity   ☐ Utility Shutoff   ☐ Mortgage Foreclosure
- ☐ Loss of Transportation   ☐ Loss of Child Care   ☐ Health/Safety   ☐ Domestic Violence Victim
- ☐ Underemployment/Low Income   ☐ Other: \_\_\_\_\_

8. INSTITUTIONAL LIVING PRIOR TO 18 YEARS?   ☐ Yes   ☐ No

9. DOCUMENTATION **MUST** BE ATTACHED TO THIS FORM: (check all that apply)

- ☐ Eviction Notice   ☐ Discharge Summary   ☐ Signed Client Statement w/ Confirmation Letter
- ☐ Verification from Institution   ☐ Verification from Outreach Worker (for on street)
- ☐ Verification from referring Agency/Shelter   ☐ Other: \_\_\_\_\_

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I, \_\_\_\_\_, verify that I am homeless, as defined by this program, and am eligible for rent assistance services. I have attached the appropriate documentation and agree to provide additional information as needed for verification in order to determine my eligibility for this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness for Verification of Eligibility

\_\_\_\_\_  
Date

## **APPENDIX A: INELIGIBLE PERSONS:**

PERSONS WHO **ARE NOT** HOMELESS **MAY NOT** RECEIVE ASSISTANCE UNDER THE TH PROGRAM; EXAMPLES OF PEOPLE WHO ARE NOT HOMELESS ARE THOSE WHO ARE:

- 1.** IN HOUSING, EVEN THOUGH THEY ARE PAYING AN EXCESSIVE AMOUNT FOR THEIR HOUSING, THE HOUSING IS SUBSTANDARD AND IN NEED OF REPAIRS, OR THE HOUSING IS CROWDED.
- 2.** INCARCERATED, BUT UPON DISCHARGE THE PERSON IS ELIGIBLE: (1) IF NO SUBSEQUENT RESIDENCE HAS BEEN IDENTIFIED, AND (2) THE PERSON LACKS THE RESOURCES AND SUPPORT NETWORKS NEEDED TO OBTAIN HOUSING.
- 3.** LIVING WITH RELATIVES OR FRIENDS.
- 4.** LIVING IN A BOARD AND CARE, ADULT-CONGREGATE LIVING FACILITY, OR SIMILAR PLACE.
- 5.** BEING DISCHARGED FROM AN INSTITUTION WHICH IS REQUIRED TO PROVIDE OR ARRANGE HOUSING UPON RELEASE.
- 6.** WARDS OF THE STATE, ALTHOUGH YOUTH IN FOSTER CARE MAY RECEIVE NEEDED SUPPORTIVE SERVICES WHICH SUPPLEMENTS, BUT DOES NOT SUBSTITUTE FOR, THE STATE'S ASSISTANCE.

## **APPENDIX B: DEMONSTRATING COMPLIANCE**

Transitional Housing Program **must** have and maintain adequate documentation to demonstrate the eligibility of persons served by THP funds:

### **Persons living on the street:**

Supportive Services Only projects provide services -- such as outreach, food, health care, clothing -- to persons who reside on the streets. In most cases, it is not feasible to require the homeless persons to document that they reside on the street. It is sufficient for the grantee's staff to certify that the persons served, indeed, reside on the street. The outreach or service worker should sign and date a general certification verifying that services are going to homeless persons and indicating where the persons reside.

### **Persons coming from living on the street:**

The City of Urbana TH Program will obtain information to indicate that a participant is coming from the street. This may include names of other organizations or outreach workers who have assisted them in the recent past who might provide documentation.

If you are unable to verify that the person is coming from residing on the street, have the participant prepare or you prepare a written statement about the participant's previous living place and have the participant sign the statement and date it. Merely obtaining a self-certification is not adequate.

If the participant was referred by an outreach worker or social service agency, you must obtain written verification from the referring organization regarding where the person has been residing. This verification should be on agency letterhead, signed and dated.

### **Persons coming from an emergency shelter for homeless persons:**

The City of Urbana TH Program will obtain written verification from the emergency shelter staff that the participant has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed and dated.

### **Persons coming from transitional housing for homeless persons:**

The City of Urbana TH Program will obtain written verification from the transitional housing facility staff that the participant has been residing in the transitional housing. The verification should be on agency letterhead, signed and dated.

The City of Urbana TH Program will obtain written verification that the participant was living on the streets or in an emergency shelter prior to living in the transitional housing facility (see above for required documentation) or was discharged from an institution or evicted prior to living in the transitional housing facility and would have been homeless if not for the transitional housing (see below for required documentation).

### **Persons from a short-term stay (up to 30 consecutive days) in an institution:**

The City of Urbana TH Program will obtain written verification from the institution's staff that the participant has been residing in the institution for 30 days or less. The verification should be signed and dated.

The City of Urbana TH Program will obtain written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution. See above for guidance.

### **Persons being evicted from a private dwelling:**

The City of Urbana TH Program will obtain evidence of the formal eviction proceedings indicating that the participant was being evicted within the week before receiving THP assistance.

If the person's family is evicting him/her, a statement describing the reason for eviction should be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, the grantee must obtain a signed and dated statement from the participant describing the situation. The grantee must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

The grantee must also have information on the income of the participant and what efforts were made to obtain housing and why, without the THP assistance, the participant would be living on the street or in an emergency shelter.

**Persons being discharged from an institution:**

The grantee must have evidence from the institution's staff that the participant was being discharged within the week before receiving THP assistance. The grantee must also have information on the income of the participant and what efforts were made to obtain housing and why, without the THP assistance, the participant would be living on the street or in an emergency shelter.

**Fleeing domestic violence:**

The grantee must have written verification from the participant that he/she is fleeing a domestic violence situation. If the participant is unable to prepare the verification, prepare a written statement about the participant's previous living situation and have the participant sign the statement and date it.