



VERIFICATION OF HOUSING STATUS

Individuals and Households without minor children

Today's Date: _____

Name of Primary Household Member: _____ DOB: _____

Review these categories with the primary household member. Select all that apply, and sign below.

| | | |
|---------------------------------------|---|---|
| 1H <input type="checkbox"/> | Literally Homeless Lacks a fixed, regular, and adequate nighttime residence: <input type="checkbox"/> Living in a place not meant for people to live in (garage, storage unit, unsafe structure, etc.), or <input type="checkbox"/> Living in a shelter or transitional housing, or <input type="checkbox"/> Staying in a hotel/motel <u>paid for</u> by a program, or <input type="checkbox"/> Exiting an institution (jail, rehab, in-patient facility, etc.) where they have resided for <u>less than 90 days</u> and were homeless prior to entering the institution. | |
| 2H <input type="checkbox"/> | Imminent Risk of Homelessness <input type="checkbox"/> Housing will be lost within 14 days, and <input type="checkbox"/> Has not secured other housing, and <input type="checkbox"/> Does not have enough income or support to obtain permanent housing. ➤ Verifications Needed: Eviction Notice | 50% of AMI Family Size 1 - \$2,479 Family Size 2 - \$2,833 |
| 4H <input type="checkbox"/> | Fleeing/Attempting to Flee Domestic Violence <input type="checkbox"/> Fleeing or attempting to flee domestic violence, and <input type="checkbox"/> Has no other residence, and <input type="checkbox"/> Lacks the income or support networks to obtain other permanent housing. | 50% of AMI Family Size 1 - \$2,479 Family Size 2 - \$2,833 |
| <input type="checkbox"/> | None of the above. Current housing situation: | |

Primary Household Member:

I attest that the category indicated on this Housing Status form is my current housing situation.

Primary Household Member Signature

Date

verified via phone

Staff:

I certify that this household's current housing situation is as described and indicated on this form.

Agency Representative Signature

Date

Print Name

Name of Agency

Please submit this form along with the Application to the Mendocino County Special Projects Team:
fernandez@mendocinocounty.gov