

STEADFAST HOUSING DEVELOPMENT CORPORATION

677 Ala Moana Boulevard • Suite 713 • Honolulu, Hawaii 96813 • (808) 599-6230 • Fax: (808) 599-1821

CERTIFICATION OF HOMELESSNESS

The U. S. Department of Housing and Urban Development (HUD) requires all applicants to its Continuum of Care, Supportive Housing Program to be homeless. HUD categorizes and defines the homeless population as being either "HOMELESS" or "CHRONICALLY HOMELESS". Please check the appropriate box that best defines the applicant's current homeless status:

- HOMELESS:** Those who are sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings. Such persons who spend a short time (30 consecutive days or less) in a hospital or other institution will still be considered homeless upon discharge from the facility. To avoid the trauma and disruption caused by sleeping on the street or in a shelter, persons will also be considered to be homeless if all three (3) of the following criteria are met. Persons:
- (1) Are being evicted within the week from dwelling units or are persons being discharged within the week from institutions in which they have been residents for more than 30 consecutive days;
 - (2) Have no subsequent residences identified; and
 - (3) Lack the resources and support networks needed to obtain access to housing.

In summary, a person is homeless if, without the HUD assistance, they would have to spend the night in a shelter or in a place not meant for human habitation.

- CHRONICALLY HOMELESS:** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had a least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.

Please explain the circumstances leading to the consumer's homelessness, where the consumer is currently sleeping, what income is available, and what efforts have been made to find appropriate housing with family or other support network. *(Note: Explanation is mandatory to validate this certification. Use additional pages if necessary)*

ACKNOWLEDGEMENT:

Signature of Applicant

Date

Print Name of Applicant

Date

Signature of Authorized Representative

Date

Print Name of Authorized Representative

Title