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|  | ***ELIGIBILITY VERIFICATION*****Of Long -Term Homelessness (LTH)** |

**Instructions:**

Complete one to four years of housing history below, starting with the most recent. This form is required to verify LTH eligibility. The service provider/assessor must attempt to verify each living situation through 3rd party verification. If third party verification is not possible for one of the living situations, the applicant may self-verify by using the self-certification form. **Attach all third party homeless verification forms to this form.**

[LTH Definition Eligibility Common Questions](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_011066.pdf)

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| Print Applicant Name |  |

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| Type of Living Situation\* | AddressCity, StateName of facility (if app) | Start / End dates(approximate)  | Reason for Leaving | Verified? (attach docs) | Episode counts toward LTH? |
|  |  |  |  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  |
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|  |  |  |  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  |

Type of Living Situation: Choose from emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, other (please specify).

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| Comments/Notes |
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**---------- SIGN AND DATE REVERSE SIDE ----------**

Applicant verification:

I verify the information provided on this form is accurate and true.

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|  |       |
| Signature:  | Date: |

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|       |  |       |
| Telephone Number:  |  | Email: |

For program eligibility purposes, the definition of long-term homelessness is:

**Households experiencing long-term homelessness:**  Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization, incarceration, or transitional housing shall be excluded when determining the length of time a household has been homeless.

**Service Provider/Assessor Determination:**

I have determined that the applicant: [ ]  meets the definition of long-term homelessness or

[ ]  does not meet the definition of long-term homelessness

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| Name:      Title of Professional:      Company/Agency Name & Address:       |

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| Signature of Professional:  | Date: |

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| Telephone Number:  | Fax: | Email: |