**[INSERT AGENCY NAME]**

**SECOND-PARTY CERTIFICATION OF HOMELESSNESS BASED ON INTAKE CONVERSATION OR INTAKE STAFF OBSERVATION (Form G)**

**Applicant Name:** Click here to enter text. **Intake Date:** Click here to enter a date.

**Note:** This form does not constitute third-party documentation and should be used only if third-party documentation is not available.

**Instructions**: If third-party documentation is not available, a housing program intake worker may provide second-party documentation of the applicant’s homelessness by one of two methods:

* The intake worker may go out and physically observe the applicant’s place of residence.
* The intake worker may certify the applicant’s homelessness in the intake worker’s professional capacity based on their intake conversation with the applicant.

**INFORMATION REQUESTED: PLEASE COMPLETE ONE OF THE TWO TABLES BELOW**

*(To be completed by the intake worker)*

If the intake worker **physically observed** the applicant’s place of residence:

|  |  |  |
| --- | --- | --- |
| **Approximate date observed:** | **Location (address, name of public space, street name, landmark, etc):** | **Description of living conditions observed (sleeping in a car, in a tent, in the open, etc.):** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

If the intake worker is certifying the applicant’s homelessness in the intake worker’s professional capacity based on their **intake conversation** with the applicant:

|  |  |  |
| --- | --- | --- |
| **Approximate date when applicant experienced homelessness:** | **Location where applicant was living:** | **Description of intake conversation with applicant and reason you believe they were living in a homeless situation:** |
| Click here to enter text. | [ ]  Place not meant for human habitation[ ]  Emergency Shelter[ ]  Safe Haven[ ]  Hotel/motel paid by charitable organization or government program for low-income individuals | Click here to enter text. |

**I certify that based on my physical observation or to the best of my knowledge and in my professional opinion, that the Applicant was living in a place not meant for human habitation, emergency shelter, safe haven, or hotel/motel paid by charitable organization or government program for low-income individuals during the above time.**

Click here to enter text.Click here to enter text. Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Organization Title**

Click here to enter text. Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date Phone Number**

**Staff Supplement to Certification Based on Intake Conversation**

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt(s) made for third-party verification:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Contact**  | **Individual/Organization Contacted**  | **Method of Contact**  | **Outcome of Contact**  |
|   |   |   |   |
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|   |   |   |   |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_