ihcda
Indiana Housing & Community Development Authority

Emergency Solution Grants (ESG) At Risk of Homelessness Documentation Form

Project Name _____

Participant Name or HMIS ID _____

Instructions: Complete this worksheet and place a checkmark (✓) or an (X) in the appropriate row of the "Documentation Attached" column. Attach documentation to this form & maintain in participant file.

Homelessness Category/Status	Type of Documentation	Documentation Attached
Category 2 – At Imminent Risk of Homelessness An individual or family that will imminently lose their primary nighttime residence provided that: (i) The primary night-time residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; **AND** (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing	**Provide one of the following (24 CFR 576.500(b)(3)):** A. Written documentation such as: (i) A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days; **OR** (ii) An equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law **AND** B. Certification by the individual or head of household that no subsequent residence has been identified; **AND** C. Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing. ***If an individual/family's primary night-time residence is a hotel or motel that they're paying for, subrecipients must document evidence that the individual/family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance*	
Category 4 - Domestic Violence Fleeing or is attempting to flee domestic violence, dating violence, sexual assault or stalking **AND** no subsequent residence has been identified **AND** has no resources or support networks to obtain permanent housing.	**Provide one of the following:** A. (if it will not jeopardize client's safety) Written observation by an intake worker, written referral by another housing or service provider, or DV ClientTrack records demonstrating client receives street outreach services and/or resides in shelter or transitional housing. **OR** B. Oral statement from client that they are fleeing/attempting to flee, have not identified a subsequent residence, and lack resources or support networks to obtain other permanent housing. (Use row at the bottom of the chart.)	
Client Self-Certification of Homelessness (Use only if 3rd party is unavailable or Category 4 **AND** provide additional documentation to demonstrate subrecipient's due diligence to obtain other forms of documentation): *Use another page if more space is needed.*		

_____ _____

Subrecipient Staff Name & Signature (required for self-certs, optional in other circumstances) Date

_____ _____

Client Name & Signature (required for self-certs, optional in other circumstances) Date

EQUAL HOUSING OPPORTUNITY