



CALIFORNIA HOTEL VERIFICATION OF HOMELESSNESS

_____ has claimed eligibility for a federally funded housing program due to homelessness. The claim must be verified by a Homeless Outreach agency, Homeless Shelter or other institution or from a person fleeing domestic violence or a Domestic Violence services provider. Please see the categories for homelessness that are eligible for the purpose of this program included on the back of this form. This information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to a third party. Your prompt return of this information is appreciated.

I authorize the release of the information requested below.

SIGNATURE OF APPLICANT

DATE

VERIFICATION OF HOMELESSNESS

Individuals and families must present verification of homelessness under the following categories to be eligible for units set aside for homeless and special needs tenants at the California Hotel.

• **Client is Literally Homeless**

Individual or family who lacks a fixed, regular, and adequate nighttime residence: (Check applicable situation below)

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

-OR-

• **Client is Fleeing/Attempting to Flee DV**

An individual or family who: (Check applicable situation below)

- Is fleeing, or is attempting to flee, domestic violence; Has no other residence; and Lacks the resources or support networks to obtain other permanent housing

Check to indicate what type of verification is included:

- Signed and dated verification from Homeless Outreach agency, describing current nighttime residence
- Written verification from Homeless Shelter
- Written verification from Institution with verification of homelessness prior to entry
- Written, dated, and signed verification from person fleeing domestic violence or Domestic Violence services provider

Please return this completed form and the above indicated verification to:

**Jack London Gateway Senior Housing
989 Brush St., Oakland, CA 94607
Fax Number: (510) 893-3499**





CALIFORNIA HOTEL VERIFICATION OF HOMELESSNESS

The California Hotel has set aside units for currently homeless individuals and/or families with concurrent special needs. Applicants for these units must have verification for both homelessness and special need status (see the California Hotel Special Needs Certification form).

HUD HEARTH Homeless Definition

Following the HUD Hearth definition, “*Homelessness*” means that individuals and families qualify under one of the following categories:

1. Literally Homeless -

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

PSH projects have the following additional NOFA limitations on eligibility within the above category:

- Individuals and Families coming from TH must have originally come from the streets or emergency shelter
- Individuals and Families must also have an individual family member with a disability

2. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

